



*A Program of Keystone First and Mercy Health Plan*

# **iEXCHANGE<sup>®</sup>**

# **Outpatient Services Guide**

June 2008

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***If You Need Help...***

If you have any questions or comments about this guide or experience problems using iEXCHANGE, please contact:

Provider Services

1-800-521-6007

***Use for Training Only***

For Training Only

**URL:**

<https://iexdemo.medecision.com/Train/ProviderLogon.do?showPage=med.ProviderLogon&MCONumber=&MCOcobranding=kmhp1>

This URL provides access to the iEXCHANGE training region. This URL will only be used during training.

## ***About iEXCHANGE***

iEXCHANGE is a Web-based application that allows providers to communicate electronically with Keystone Health Plan (KMHP) about requests for admissions, pre-certifications, referrals and other services. Instead of manually faxing or calling the information into KMHP and waiting for KMHP to assign a case number, providers simply enter the details into iEXCHANGE to automatically create a case. Best of all, if the clinical information you provide contains all the necessary elements for the screening tool (questionnaire), you may receive immediate approval for your request.

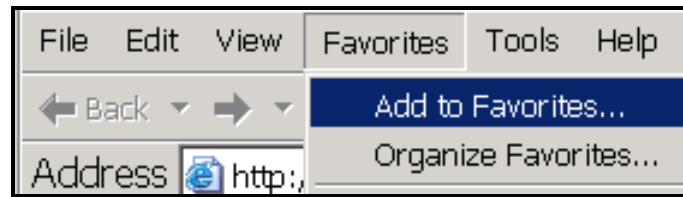
Providers can also use iEXCHANGE to verify patient eligibility, obtain information about the patient's primary care physician, and check on the status of an authorization for any service requested by their facility.

This guide is written for people who arrange or provide outpatient services like Home Health Care or Durable Medical Equipment (DME) for KMHP members.

**Please Note:** At this time, you may not pre-certify or request referrals for radiology services through iEXCHANGE. However, you can use iEXCHANGE to find out if your radiology service request has been authorized.

## Logging In

1. Click on the **Internet Explorer** icon on your desktop *OR* click on the **Start** button and select **Programs | Internet Explorer**.
2. In the Address field at the top of the window, type the following URL and then click **Go**:  
<https://iexchange.medecision.com/IEApp/payerSelect.do?showPage=med.SelectPayer&MCONumber=&MCOcobranding=KMHP1>
3. Save this URL in your Internet Explorer Favorites. Click **Favorites** and select **Add to Favorites**. In the future, instead of typing the address you can simply click on **Favorites** and select the iEXCHANGE hyperlink.



## Log In

1. Enter your iEXCHANGE User ID, iEXCHANGE ID and password and click **Login**.

The screenshot shows the iEXCHANGE login interface. At the top right is the iEXCHANGE | MEDecision logo. Below it is a navigation bar with 'HELP', 'Welcome', 'Provider login', and 'Payer login'. The 'Provider login' section is active, showing three input fields: 'User ID', 'iEXCHANGE ID', and 'Password'. Below the fields are 'Login' and 'Cancel' buttons. A callout box points to the 'iEXCHANGE ID' field with the text: 'The iEXCHANGE ID is an account number assigned by MEDecision for your facility. Even if you use iEXCHANGE with payers other than KMHP, your iEXCHANGE ID remains the same.'

You will be asked to change your initial password the first time you log in.

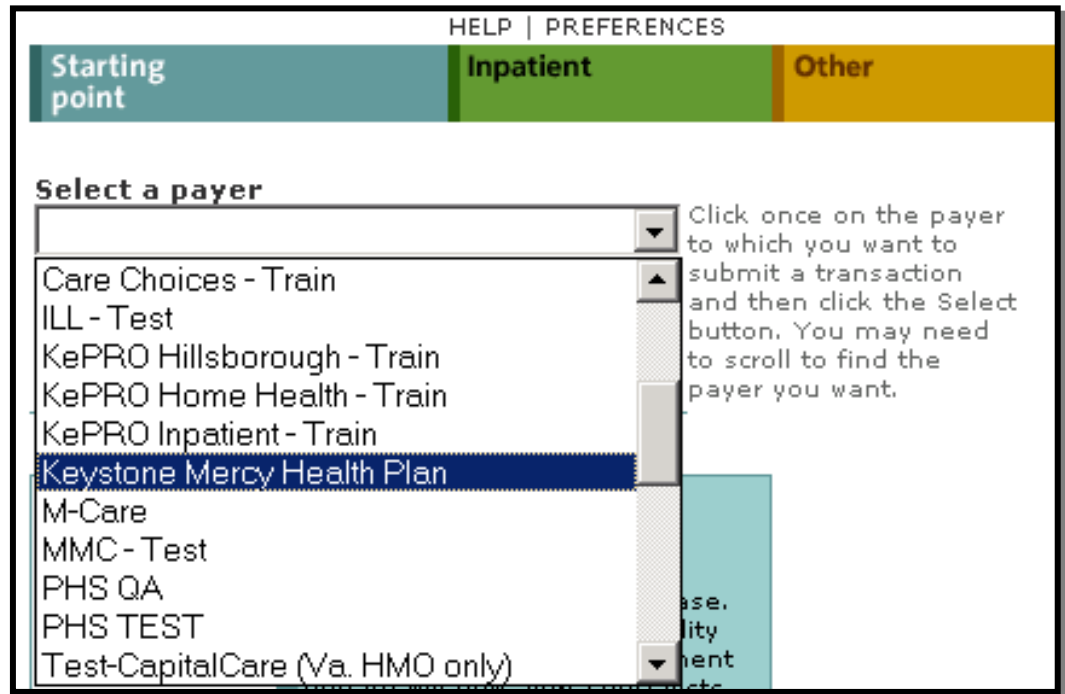
iEXCHANGE requires you to change your password every 6 weeks.

Passwords must be at least 4 characters long.

## Select a Payer

4. Click on the dropdown arrow to display the list of payers.
5. Select **Keystone Mercy Health Plan** and click **Select**.

From this starting point, you can enter requests or perform searches on all cases submitted to KMHP by your facility.



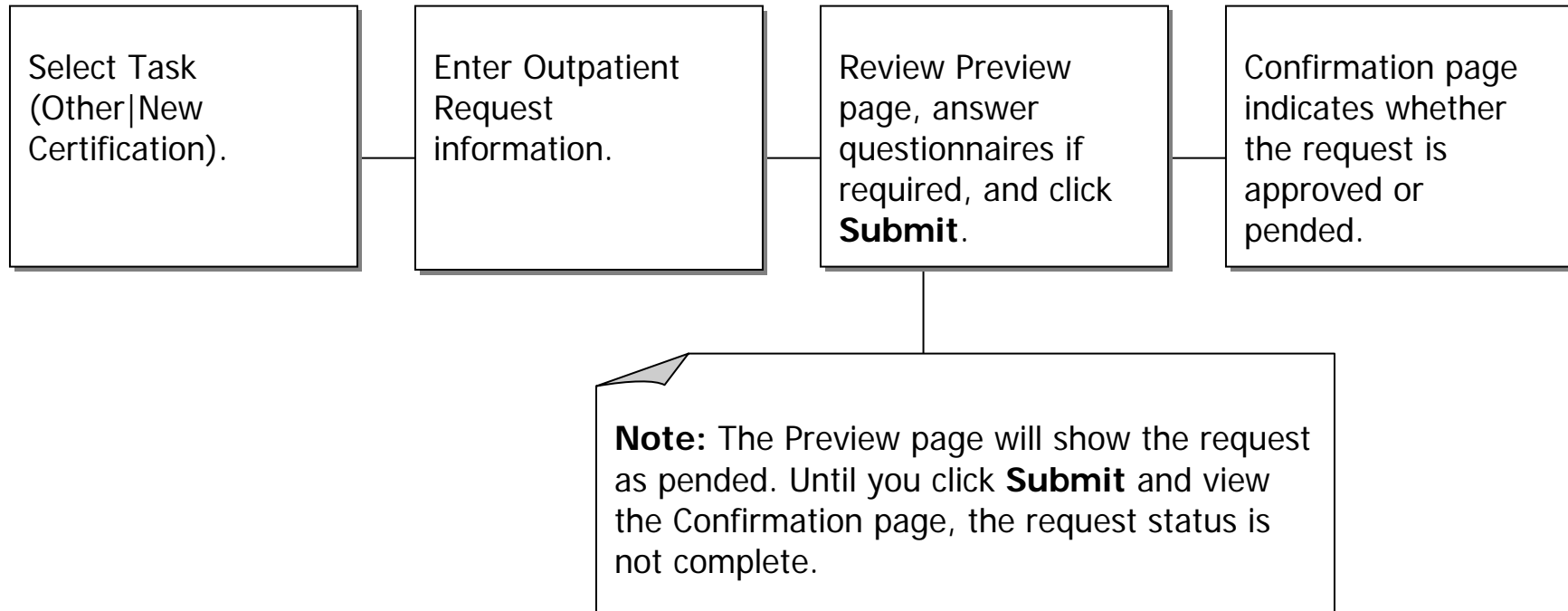
The following sections of this guide explain how to request outpatient referrals and other service requests. A separate section explains how to use the many search features available through iEXCHANGE.

## ***Requesting Outpatient Certifications***

***(SPU Pre-certification, DME, 23 Hour Observation, Home Care)***

### **Outpatient Request Process Flow**

These instructions explain how to pre-certify Short Procedure Unit (SPU), Durable Medical Equipment (DME), 23-hour observations and home health care visits.



## Select Task

1. Click on the **Other** button at the top of the window.
2. Select **New certification**.



## Enter Other Request Information

2. Enter the patient's Member ID number or perform a Member Search. If you enter the Member's ID number, remember to type **-01** after the number.

Your facility will automatically appear in the Submitting Provider field.

3. Click the dropdown arrow and select the appropriate option for "Treatment setting."
4. Click the dropdown arrow and select **yes** or **no** for "Is this an emergency?" Select **no** if you are unsure.
5. Click on the dropdown arrow to view the list of common diagnoses and their ICD-9 codes. If the diagnosis you need is not listed, perform a Diagnosis search. Use all the diagnosis fields to enter all the diagnosis codes related to the treatment or service. If you need to

**Other request entry**

Once you enter the General information and Service, iEXCHANGE evaluates your other request and displays the results.

**Notification date** 10/11/2005 (mm/dd/yyyy)

**Member ID**  Member search  
Enter or Search for ID

**Submitting provider**

**Treatment Setting**  ▼

**Is this an emergency?**  ▼

**Primary diagnosis**  Diagnosis search  
Enter Diagnosis code or Select from Short list

**Secondary diagnosis 2**  ▼  
optional

**Secondary diagnosis 3**  ▼  
optional

The member number should end in -01.

For KMHP, your provider number should end with 100.

add additional diagnoses, use the Claim Notes/Infusion, Enterals, DME Notes comments field in the Additional Comments section (scroll down to bottom of web page).

6. Click on the dropdown arrow to view a list of doctors. The attending doctor is the doctor on the script. If the doctor you need is not listed, perform a provider search. If you still cannot find the correct doctor through the search, use the primary care physician's name for the attending doctor and include the actual attending doctor's name in the iEXCHANGE Comments field.

**Attending physician**  
Select attending physician from the list  
or enter or search for ID

Provider search

7. Click on the dropdown arrow to view the list of common procedures and their CPT codes. If the primary service you need is not listed, perform a Procedure search. Although only a primary service is required, you can add up to four additional services if you wish.

The screenshot shows a web form titled "Principal Service". It contains two main sections: "Procedure" and "Servicing provider".

**Procedure Section:**

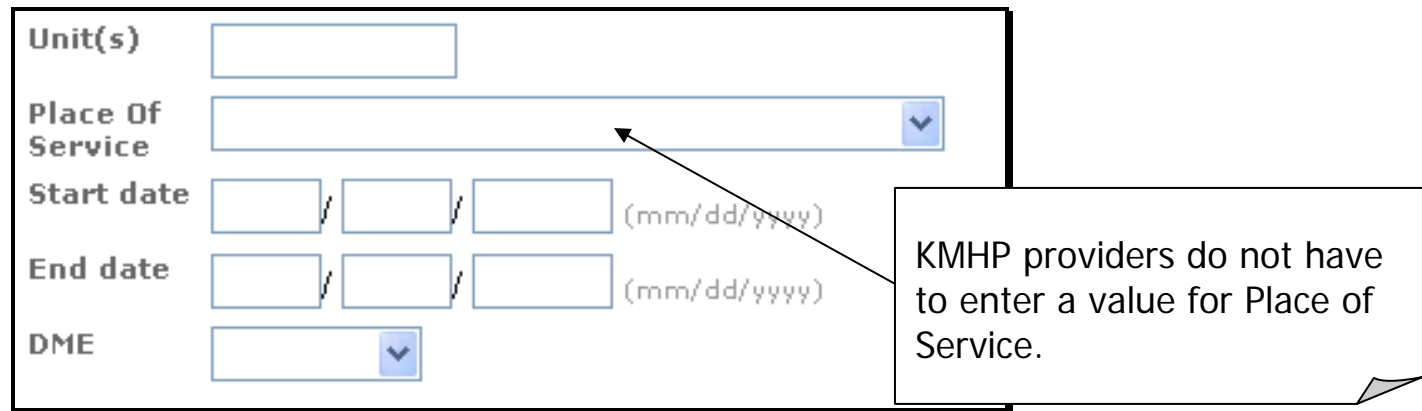
- Label: **Procedure**
- Input: A text box for entering a procedure code or selecting from a short list.
- Input: A dropdown menu for selecting a procedure from a list.
- Text: "Enter Procedure code or Select from Short list"
- Button: "Procedure search"

**Servicing provider Section:**

- Label: **Servicing provider**
- Input: A dropdown menu for selecting a servicing provider from a list.
- Text: "Select servicing provider from the list"
- Input: A text box for entering or searching for a provider ID.
- Text: "or enter or search for ID"
- Button: "Provider search"

8. Click on the dropdown arrow and select your facility as the servicing provider.

9. Type the number of units. For Home Care services, the number should match the number of expected visits based on the patient's need for care within the start and end dates.
10. Leave Place of Service blank. This is not a required field for KMHP providers.
11. Type a date range for when treatment or services are expected to begin (Start date) and end (End date). For services like DME and Home Care, the date range should match the expected timeframe for the service or visits. The start and end dates do not have to be exact. For example, if a patient will be seen sometime during the week beginning on 12/4/2006, you can enter 12/04/2006 as the start date.



The image shows a screenshot of a form with the following fields:

- Unit(s)**: A text input field.
- Place Of Service**: A dropdown menu.
- Start date**: Three text input fields for month, day, and year, with a placeholder "(mm/dd/yyyy)".
- End date**: Three text input fields for month, day, and year, with a placeholder "(mm/dd/yyyy)".
- DME**: A dropdown menu.

A callout box with a black border and a drop shadow points to the "Place Of Service" dropdown menu. The text inside the callout box reads: "KMHP providers do not have to enter a value for Place of Service."

12. Unless you are requesting Durable Medical Equipment (DME), leave the DME field blank.

13. Type notes in the iEXCHANGE Comments box if there are additional details not captured in another field. For example, if a doctor provides medical details in a script or another document, include those details and mention the supporting document in the Comments box. A KMHP nurse reviews these comments to make decisions about authorizing the service.

Please do **not** use the following characters in the Comments field. Because iEXCHANGE does not translate them correctly during the submission process, using these characters can cause miscommunication between your facility and KMHP.

The screenshot shows a web interface with two text input areas. The top area has a yellow header bar with the text 'Additional Comments (optional)'. Below this is a text box with the label 'iEXCHANGE Comments'. The bottom area has a text box with the label 'Claim Notes/Infusion, Enterals, DME Notes'. Both text boxes have vertical scroll bars on their right side.

- |                   |  |                  |
|-------------------|--|------------------|
| ~ (tilde)         | > (greater than)                       | " (double quote) |
| ^ (caret)         | < (less than)                          | \ (back slash)   |
| { (left brace)    | » (much greater than sign - ASCII 187) | (pipe)           |
| } (right brace)   | & (ampersand)                          |                  |
| [ (left bracket)  | ' (single quote)                       |                  |
| ] (right bracket) | ` (accent character)                   |                  |

14. Type the specific details of the request in the Claims Notes/Infusion, Enterals, DME Notes box. KMHP Claims Examiners read these notes when processing the claim.
15. Click the **Next Step** button at the bottom of the screen.
16. The preview request screen appears. If you need to provide additional details about the case, a questionnaire appears in the Additional Authorization Questions box. *You must complete the questionnaire to have the case automatically authorized.* The questionnaire requires clinical information about the patient. If you are unable to answer the questions, leave the questionnaire blank.

[Print friendly version](#)

### Other request preview

Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other request confirmation page. If you need to make any changes, scroll down to the Additional Authorization Questions box to make necessary modifications.

The status of this other request status may change when you click **Submit**. interim. The case and other request will be **Pended**.

**Note:** If you request multiple services, each service can have a different status (i.e., one service can be authorized, another can be pended). Be sure to scroll down to view all services and their statuses.

**Until you click **Submit**, the case is not sent to KMHP and the status is not truly pended.**

RUBBLE, BETTY Case status will be — **Pended**

#### Other request information

|                      |  |
|----------------------|--|
| Principal service —  | <input type="button" value="Edit"/>  |
| Status — <b>Pend</b> |  |
| Procedure            | 99213 — OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED |
| Unit(s)              | 1  |

Complete the following Questionnaire forms to add additional data to your other request. Please note that (!) indicates questionnaires that can affect the request status — if you complete the questionnaire you may be able to change a status of pend to an approval status.

**Description**

17. Verify that all the rest of the information is accurate, make changes as needed, then click **Submit** at the bottom of the screen. *If you do not click **Submit**, the case is not submitted.*
18. The Confirmation screen appears and lets you know whether the case has been automatically approved or pended. If the case is pended, a KMHP nurse will contact the hospital for additional details about the case.

The screenshot shows the 'Other request confirmation' page. At the top left, there is a link 'Print friendly version' with a printer icon. A callout box with an arrow points to this link, containing the text: 'Although you may print a "Printer-friendly" copy of the confirmation, the electronic version of the request is always available through iEXCHANGE.' The main content area has a yellow background and contains the following text: 'Other request confirmation' (circled in black), 'This page contains other request information including the case ID and status (authorized or pend), the member's name and ID, and services. The service information includes the service description, service dates, units/visits and the status of the request. Additional provider information also appears.', and 'When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The request status may have changed if eligibility or other data changed in the interim.' Below this is a 'Payer notice' box: 'Payer notice: The case reference number is for identification purposes only. Authorization is based on medical necessity, is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment.' At the bottom right, the case details are shown: 'Case ID — 05286-0002' and 'Status — Pended'. The name 'RUBBLE, BETTY' is highlighted in a yellow box.

Print friendly version

Although you may print a "Printer-friendly" copy of the confirmation, the electronic version of the request is always available through iEXCHANGE.

**Other request confirmation**

This page contains other request information including the case ID and status (authorized or pend), the member's name and ID, and services. The service information includes the service description, service dates, units/visits and the status of the request. Additional provider information also appears.

When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The request status may have changed if eligibility or other data changed in the interim.

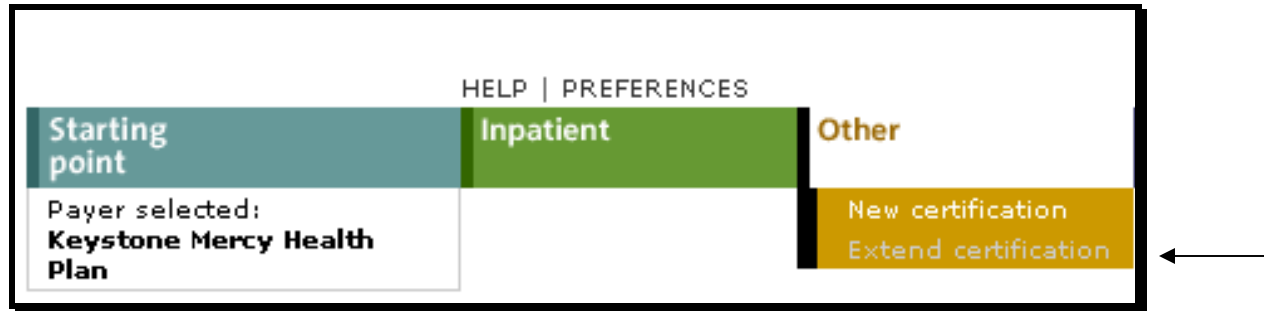
**Payer notice:**  
The case reference number is for identification purposes only. Authorization is based on medical necessity, is subject to member eligibility and applicable Plan benefit limitations. This is not a guarantee of payment.

RUBBLE, BETTY Case ID — 05286-0002  
Status — Pended

## ***Extending a Request***

If the member requires additional visits or services, you can extend the original service request.

1. After logging in, click **Other**; then click **Extend Certification**.



2. Using one of the search methods, find the correct request.

**1** Choose a category to search by (A, B, or C) ➔

Choose ONE Category and enter the appropriate values. Click **Submit search** to view referrals and/or inpatient and other requests.

**A Treatment Range**

Start Date  /  /  (mm/dd/yyyy)

End Date  /  /  (mm/dd/yyyy)

Search filter  ▼

All cases  Open cases

Requesting provider  ▼

Member ID

optional

---

**B Case ID**

Case ID

Requesting provider  ▼

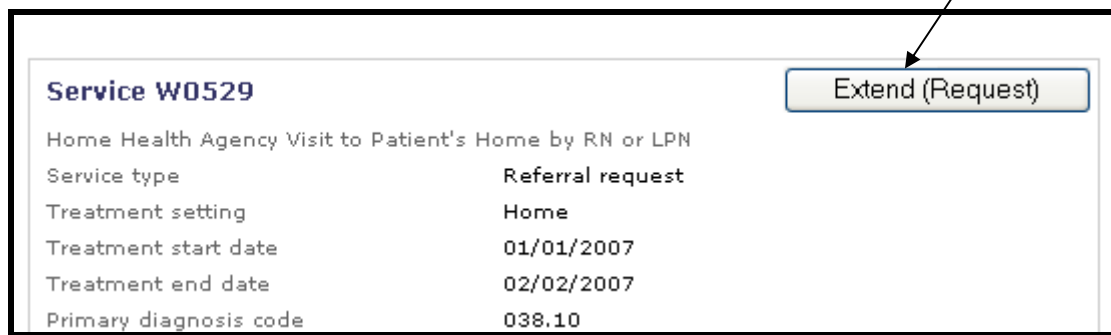
---

**C Certification ID**

Certification ID

Requesting provider  ▼

3. Click **Extend (Request)**.



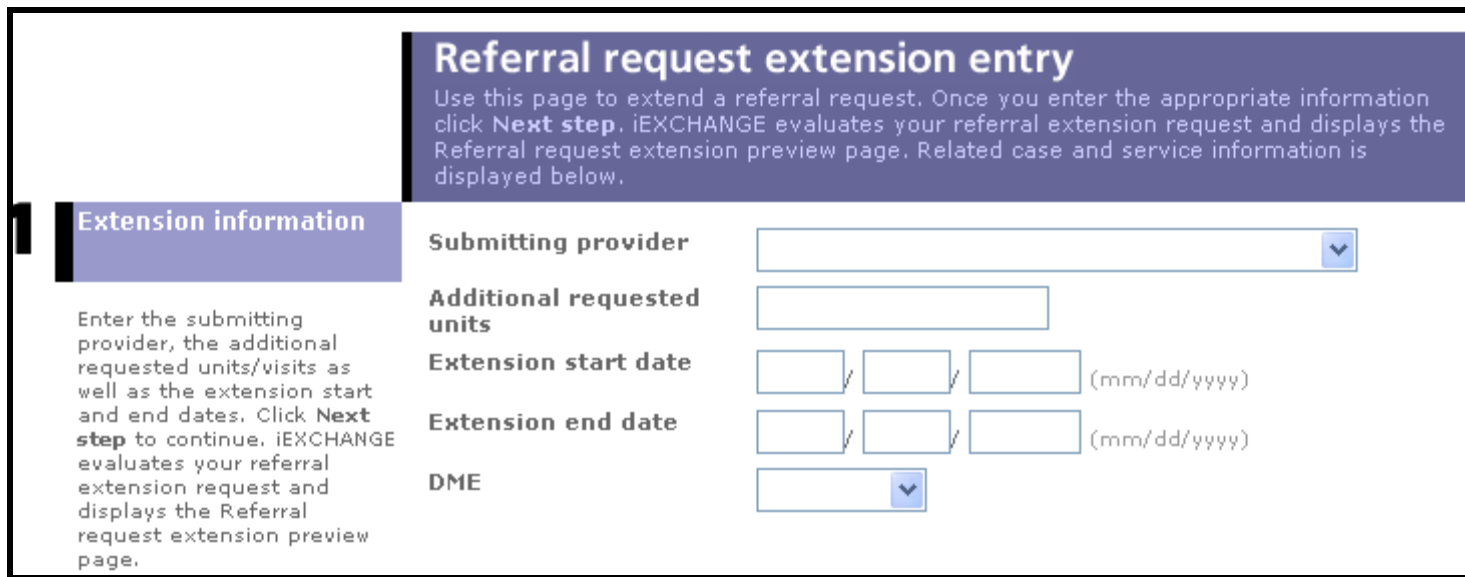
**Service W0529**

Home Health Agency Visit to Patient's Home by RN or LPN

|                        |                  |
|------------------------|------------------|
| Service type           | Referral request |
| Treatment setting      | Home             |
| Treatment start date   | 01/01/2007       |
| Treatment end date     | 02/02/2007       |
| Primary diagnosis code | 038.10           |

Extend (Request)

4. The Referral Request Extension screen comes up. Enter the information for the extended request and click **Next step**. Remember to add any special circumstances to the comments section.



### Referral request extension entry

Use this page to extend a referral request. Once you enter the appropriate information click **Next step**. iEXCHANGE evaluates your referral extension request and displays the Referral request extension preview page. Related case and service information is displayed below.

#### Extension information

Enter the submitting provider, the additional requested units/visits as well as the extension start and end dates. Click **Next step** to continue. iEXCHANGE evaluates your referral extension request and displays the Referral request extension preview page.

|                                   |   |
|-----------------------------------|---|
| <b>Submitting provider</b>        | <input type="text"/>  |
| <b>Additional requested units</b> | <input type="text"/>  |
| <b>Extension start date</b>       | <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) |
| <b>Extension end date</b>         | <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) |
| <b>DME</b>                        | <input type="text"/>  |

5. Review the information and click **Submit**. Remember, until you click Submit and see the Confirmation screen, the request has not been submitted.

Notice that an initial request can be authorized, but an extension can be pended.

The screenshot displays the following information:

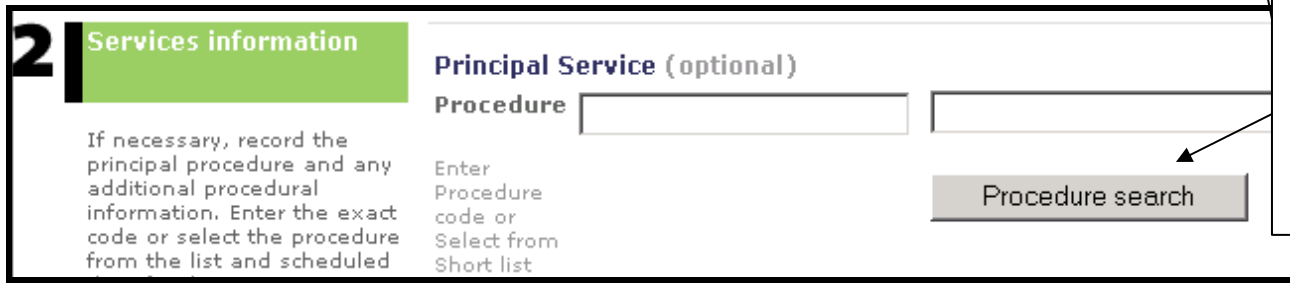
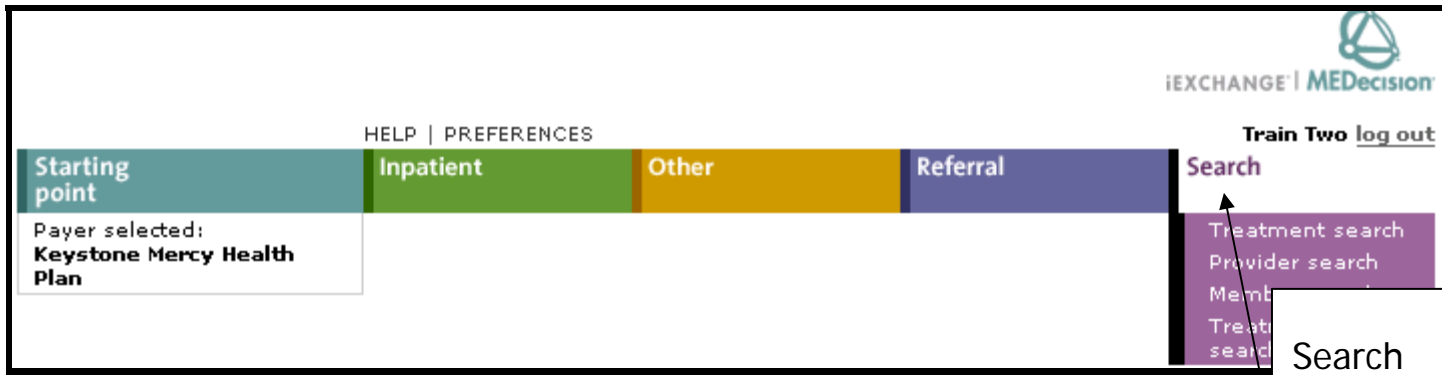
- Case Name: CLUES, BLUES
- Case ID: 07033-0001
- Status: Authorized
- Extension Status: Pend
- Extension Certification ID: [07033000101](#)
- Service information:
  - Certification ID: 07033000101
  - Status: Pend
  - Procedure: Home Health Agency Visit to Patient's Home by RN or LPN - W0529
  - Servicing provider: CROZER KEYSTONE HEALTH SYSTEMS

Callout boxes provide context:

- "Initial case was authorized." points to the main case status.
- "Extension was pended for further review." points to the extension status.

## Searches

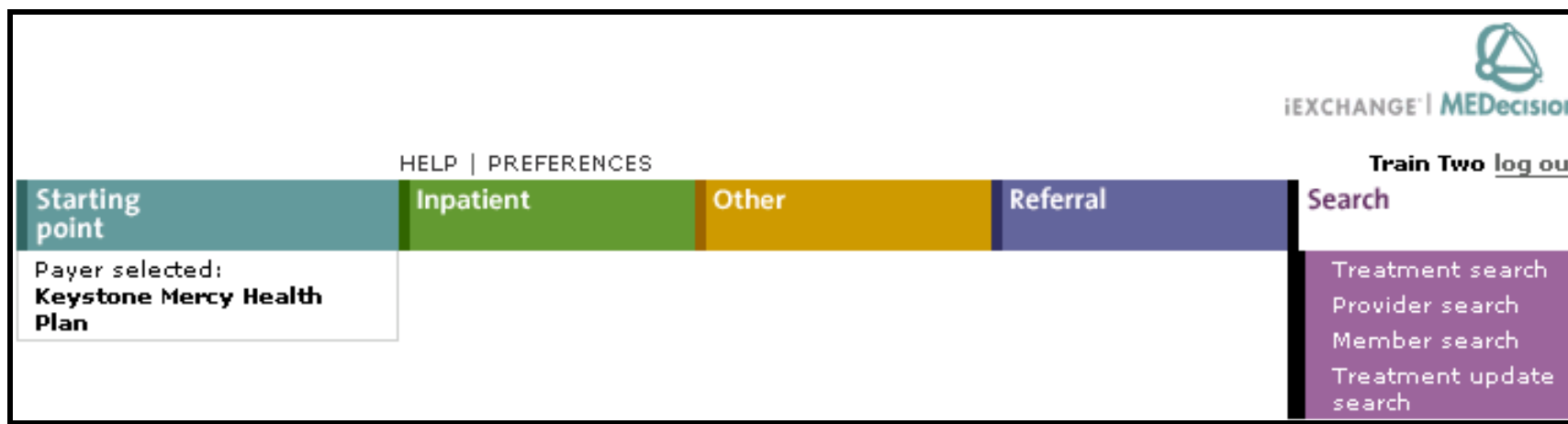
This section explains how to perform searches in iEXCHANGE. You can perform searches in two different ways: 1. through the Search functions on the main menu bar or 2. by clicking a search button within a request.



Search from main menu bar or by clicking a search button within the request form.

## Searches from the Main Menu

The search features from the main menu bar help you find treatment updates, provider information or member information.



## Treatment Search

Use this feature to search for existing (open or historical) requests for a member(s) associated with your facility or a specific provider.

You can search for all records for a specific patient (with Member ID) from a specific provider and within a certain date range (Start/End Date).

You can also search for all cases or just the open cases for a patient.

**Treatment search**  
Use this page to search for existing referral requests and/or inpatient and other requests for a member(s) associated with a provider. This includes referring providers, servicing providers, submitting providers, and/or the member.

**A Treatment Range**

Start Date  /  /

End Date  /  /  (mm/dd/yyyy)

Search filter

All cases  Open cases

Requesting provider

Member ID

Click and select **all** to view all of your facility's cases for KMHP members.

Enter member number (remember to end with "-01") or perform member search to find correct member.

Click to perform the search.

## Provider and Member Search

Use the Member search function if you want to quickly check a member's eligibility or case history. The Provider and Member searches are explained in the next section, "Searches from within Requests."

## Treatment Update Search

Treatment updates inform you when KMHP (MCO) has changed the status of a pended request or has added comments to a referral, inpatient or other request. Updates can also be comments or information added to a record by clinical staff (PCPs).

**Note:** Another way to view updates is through the Treatment updates box, which appears immediately after you log on and select a payer.

**Treatment update search**

Use this page to search for treatment updates. Treatment updates inform you when the Payer has changed the status of or has added comments to a referral, inpatient or other request submitted by a provider in your group.

**Specify the treatment update search criteria** →

**Search For**

Updates from MCO  
 Updates for PCPs  
 New or updated treatments

[Select all providers](#)

Childrens Hospital - 10156831015683A100 ▲

Crozer Chester Medical Ctr - 6001960019A100 ▾

Crozer Chester Medical Ctr - 6001960019A500 ▾

**Provider(s)**  
Specify the provider(s) whose treatment updates you wish to view.

**Date range**  
Specify the date range for your treatment update search.

**Search filter**  
Specify the types of treatment updates you want to search for.

## Searches within a Request

When entering request information into iEXCHANGE, you can perform four types of searches: Member ID, Provider/Facility, Diagnosis and Procedure. If you do not know the ID number or code, iEXCHANGE helps you find it.

### Member ID Search

When entering request information, use option B if you need to find a patient's Member ID (see sample below). Use option A if you know the Member ID and are looking for past and current cases related to the patient or simply checking the patient's eligibility. Remember to enter "-01" as part of the member's ID number.

**Search by last name/date of birth**

When you search by last name/date of birth, you must value the Last name and Date of birth fields. The First name field is optional. You may be instructed to value the First name field if the Last name and Date of birth you have entered matches more than one member record.

**B Last name/date of birth search**

**Last name**  
Enter the last name of the member

**Date of birth**  
Enter the member's date of birth

**First name**  
(optional)  
Enter the first name of the member

/  /  /

Enter last name and birthdate; then click **Submit search**.

Whichever option you choose, the results will appear as shown in this sample. Verify that the patient has active coverage by clicking **View details**.

The screenshot shows a 'Member search result' table with the following data:

| Member ID   | Member name   | Date of Birth | Relation   | Sex | Address 1        | City         | State | Home Phone Number | Primary Care Provider Number | Primary Care Provider Name | Primary Care Provider Phone Number |
|-------------|---------------|---------------|------------|-----|------------------|--------------|-------|-------------------|------------------------------|----------------------------|------------------------------------|
| 50005244-01 | RUBBLE, BETTY | 07/04/1975    | Subscriber | F   | 100 BEDROCK ROAD | Philadelphia | PA    |                   | 1007989                      | BROWN, JAYNE H.            | 215-763-4445                       |

Callout boxes provide the following instructions:

- Verify member eligibility by clicking **View details**.** (Points to the 'View details' link in the table row)
- Verify you have the correct patient by checking the name and birthdate** (Points to the 'Member name' and 'Date of Birth' columns)
- If you need to contact the patient's PCP, the name and phone number are here.** (Points to the 'Primary Care Provider Name' and 'Primary Care Provider Phone Number' columns)
- To choose the member, click **Select**.** (Points to the 'Select' button in the table row)
- View the patient's past and current cases for the past 30 days at your facility by clicking **View existing cases**.** (Points to the 'View existing cases' link in the table row)

At the bottom of the search results area, there are two buttons: 'New search' and 'Cancel'.

The Details page includes the coverage dates. The format of the coverage dates is *start date – end date*. An end date indicates that coverage has been terminated. No end date indicates that coverage is still active and the member is eligible.

|                                     |                              |
|-------------------------------------|------------------------------|
| <b>RUBBLE, BETTY</b>                |                              |
| <b>Member ID</b>                    | 50005244-01                  |
| <b>Date of Birth</b>                | 07/04/1975                   |
| <b>Relation</b>                     | Subscriber                   |
| <b>Group ID</b>                     | 8775221004                   |
| <b>Group name</b>                   | NMP AFDC                     |
| <b>Coverage Dates</b>               | 07/15/2003 -                 |
| <b>Client</b>                       | Keystone Mercy Health Plan 1 |
| <b>Line of business</b>             | HMO                          |
| <b>Plan</b>                         |                              |
| <b>Subscriber ID</b>                | 50005244                     |
| <a href="#">View existing cases</a> |                              |

No date after the dash indicates the patient has active coverage (no end date).

Click here to view existing cases for this member.

Click **Select** to choose this patient.

Select Back New search Cancel

## Provider/Facility Search

The Provider/Facility search helps you find an individual practitioner, a facility or a group practice. Use the search to find the correct facility number, admitting doctor, or submitting provider.

1. Select the type of provider and the payer organization (Keystone Mercy Health Plan).

2. Provider name automatically appears as the criteria for the search. Type the name of the facility or provider.

3. Click Submit search.

Remember, you must perform a facility search for accurate billing processing.

**1** Select a provider class and a payer code

**Provider class**  
Select the class of provider you wish to search for

Practitioner

**Payer**  
Select the payer group that the provider belongs to

Keystone Mercy Health Plan

---

**2** Choose a category to search by (A or B)

Search by (A) Standard search, or (B) Geographic area and specialty. Enter the appropriate values for the selected category. Click **Submit search** to find providers.

**A Standard search**

Search by

Provider Name

Search text

[Empty text input field]

Submit search Clear form Cancel

4. The results begin with all the facilities or providers with the name you typed. Be careful to select the correct provider. Click **Select** to choose the correct provider/facility.

**Provider search result**

Check name and address to make sure you select the correct provider or facility.

your search criteria. Click the **Select** button next to the **previous** and **next** links to view the prior or next set of results.

[next](#) »

|        | MCO ID  | Name              | Address                           | Main Phone   | Specialty    | Type | Set Code | Sort Code | Fax Phone | Action Indicator |
|--------|---------|-------------------|-----------------------------------|--------------|--------------|------|----------|-----------|-----------|------------------|
| Select | 60009   | GRADUATE HOSP     | 1800 LOMBARD ST , PHILA, PA 19146 | 215-893-2000 | HOS/Hospital | *    | 100      | P         |           | 1/Active         |
| Select | 60009SP | GRADUATE HOSP SPU | 1800 LOMBARD ST , PHILA, PA 19146 | 215-893-2000 | HOS/Hospital | *    | 100      | P         |           | 1/Active         |
| Select | 60009SP | GRADUATE HOSP SPU | 1800 LOMBARD ST , PHILA, PA 19146 | 215-893-2000 | HOS/Hospital | *    | 500      | P         |           | 1/Active         |

Click **Select** to choose the provider/facility.

**Note:** In the iEXCHANGE database, the Set Code for KMHP providers/facilities is 100

## Diagnosis Search (aka Diagnosis Encoder)

To make your job easier, common ICD-9 diagnosis codes are entered into iEXCHANGE, and you can view them by clicking on the down arrow within the request form.

However, if the diagnosis is not listed, click the **Diagnosis search** button and use Option A to find the correct code.

Type the description (e.g., severe headache) and click **Encode**.

The screenshot shows the 'Diagnosis Encoder' interface. At the top, a purple header contains the title 'Diagnosis Encoder' and instructions: 'Use this page to convert the diagnosis from English to the appropriate code. First select either the diagnosis description or the diagnosis code. Then click **Encode**.' Below the header are three sections: 'A Convert diagnosis description to code', 'B Convert diagnosis code to description', and 'C Select diagnosis from short list'. Section A has a 'Description' label, a text input field, and an 'Encode' button. Section B has a 'Code' label, a text input field, and an 'Encode' button. Section C has a 'Short list' label and a dropdown menu. A callout box with a white background and a drop shadow is positioned over the 'Encode' button in section A. It contains the text: 'Type a description and click **Encode** to find the correct code.' An arrow points from the callout box to the 'Encode' button in section A, and another arrow points from the callout box to the text input field in section A.

If the diagnosis you entered has more than one possible code, the Encoder Results page appears with all possible definitions of the diagnosis displayed. Click the **Select** button next to the code you want. The Encoder continues to display options until only one the code matches your description. If the final code matches the patient's diagnosis, click **Yes**.

If the code does not match your diagnosis, click **New Search** and use different terms to describe the diagnosis.

The screenshot shows the 'Encoder Results' window. At the top, it says 'Encoder Results' and 'Click Yes to add the diagnosis code to the list.' Below this, it displays 'Code: 784.0' and 'HEADACHE'. A question asks 'Do you want to add this diagnosis to the list?' with 'Yes' and 'No' buttons. Below the question is a table titled 'Diagnoses' with one row: '784.0' for 'Diagnosis code' and 'HEADACHE' for 'Diagnosis description'. At the bottom right are 'New Search' and 'Cancel' buttons. Two callout boxes provide instructions: one points to the 'Yes' button, and another points to the 'New Search' button.

Click **Yes** to select the diagnosis code.

Click **New Search** if the correct code for your description did not appear.

| Diagnosis code | Diagnosis description | Primary                          |
|----------------|-----------------------|----------------------------------|
| 784.0          | HEADACHE              | <input checked="" type="radio"/> |

Scroll to the bottom of the page when the Search page displays again. Click **Save** to add the code to your request form.

| <b>Diagnoses</b>                      |                       |                              |                                  |
|---------------------------------------|-----------------------|------------------------------|----------------------------------|
|                                       | <b>Diagnosis code</b> | <b>Diagnosis description</b> | <b>Primary</b>                   |
| <input type="button" value="Delete"/> | 784.0                 | HEADACHE                     | <input checked="" type="radio"/> |

## Procedure Search (aka Procedure Encoder)

To make your job easier, common CPT procedure codes are entered into iEXCHANGE, and you can view them by clicking on the down arrow within the request form.

If the procedure code is not listed, use Option A to find the correct code.

Type the description  
(e.g., wound care)  
and click **Encode**.

The screenshot shows a web interface titled "Procedure Encoder" with a purple header. Below the header, there is a purple box containing the text: "Use this page to convert the procedure from English to the appropriate code. First select either the procedure description or the procedure code. Then click **Encode**." Below this, there is a section titled "A Convert procedure description to code". Underneath, there is a label "Description" and a sub-label "Enter the procedure description" next to a text input field. At the bottom left of this section is a button labeled "Encode".

If the procedure you entered has more than one possible code, the Encoder Results page appears with all possible definitions of the procedure displayed. Select the appropriate definition by clicking the **Select** button next to it.

If none of the definitions match your procedure, click **New Search** and use different terms to describe the procedure.

**Encoder Results**  
This page lists the procedures meeting your search criteria. Click the **Select** button next to the procedure you want. Use the **previous** and **next** links to view the prior or next set of procedures meeting your search criteria.

Procedure: wound care

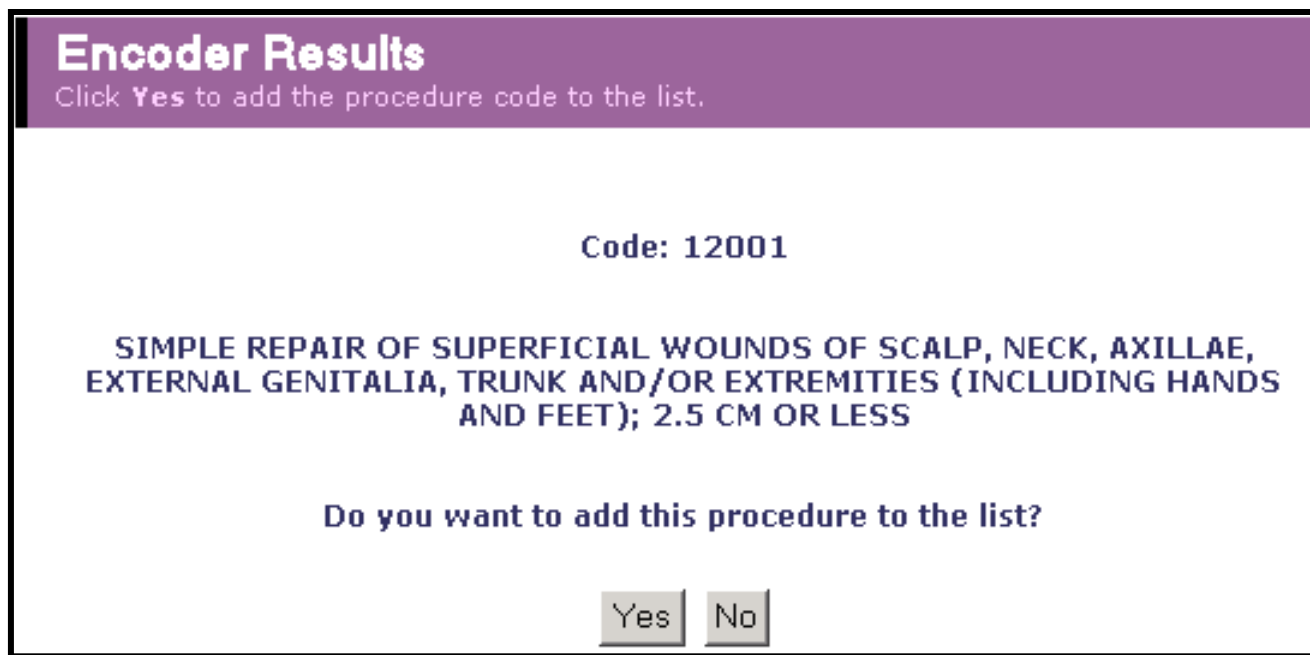
|        | Procedure  |
|--------|--|
| Select | SIMPLE (SUPERFICIAL, ONE LAYER CLOSURE/SUTURING)             |
| Select | INTERMEDIATE (LAYER CLOSURE, OR HEAVILY CONTAMINATED WOUNDS) |
| Select | COMPLEX (COMPLICATED LACERATIONS OR AVULSIONS)               |
| Select | REPAIR BY ADJACENT TISSUE TRANSFER OR REARRANGEMENT          |
| Select | WOUND EXPLORATION- TRAUMA (EG, PENETRATING, GUNSHOT, STAB)   |
| Select | TISSUE ADHESIVE(S) (EG, 2-CYANOACRYLATE,DERMABOND) ONLY      |
| Select | PROCUREN OR OTHER GROWTH FACTOR PREPARATION (WOUND HEALING)  |
| Select | ELECTROMAGNETIC THERAPY/WOUND CARE                           |

New Search Cancel

Click **Select** to choose the procedure code.

Click if the correct code for your description did not appear.

The Encoder continues to offer options until a single code displays. Click **Yes** to select the code.



**Encoder Results**  
Click **Yes** to add the procedure code to the list.

**Code: 12001**

**SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,  
EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS  
AND FEET); 2.5 CM OR LESS**

**Do you want to add this procedure to the list?**

Scroll down to the bottom of the Search page. The code you selected appears in a Procedures box. Click **Save** to enter the code into the request form.

## ***Frequently Asked Questions***

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**Q: Who do I call if I need assistance with iEXCHANGE?**

- A:**
1. Call the Provider Services: 1-800-521-6007.
  2. Press 1 for KMHP.
  3. Press 5 for Other.
  4. Press 1 for iEXCHANGE.

**Q: What do I do if I forget my password?**

- A:** Ask the person assigned as your facility's iEXCHANGE Administrator to reset your password. If the Administrator is not available, call Provider Services.

**Q: I keep getting an error message stating that the provider is out-of-network for this member. What does this mean?**

- A:** This message displays when the provider and the member have different "set codes." Be sure to verify that the provider/facility name ends in 100 for KMHP.

**Q: I keep getting an error message that says *"Multiple records exist."* What does this mean?**

**A:** This message displays when you do not perform the required provider search or when you select a provider number with a different set code than the member. If the patient is a KMHP member, the member's set code is 100. To correct the problem, search for the provider or facility and select the correct provider number (ending with 100).

**Q: I am getting an error message: "Error Unable to verify request. Must complete initial clinical review." What does this mean?**

**A:** If you are a non-clinical staff member, go back to the Review Type field and make sure you have selected **Initial Adm. non-clinical review**. If you are a clinical staff member, make sure you select **Initial Clinical Review**. If the non-clinical staff accidentally submits a case with Initial Clinical Review selected as the Review Type, the clinical staff must select **Secondary Review** to perform the initial review and explain the situation in the Comments field.

**Q: There is a code I use a lot, but it's not listed in the dropdown list. How can I have it added to the dropdown list?**

**A:** Ask the person assigned as your facility's iEXCHANGE Administrator to add the code. If the Administrator is not available, call Provider Services.

**Q: I entered a request and printed out the page that says the case will be approved, but now I can't find a record of the case. What's going on?**

**A:** Most likely, you printed the *Preview* page and never clicked the Submit button to receive the Confirmation page. Until you click Submit, the case is not entered into iEXCHANGE. You will have to enter the request again. Make sure that you submitted a case by viewing the *Confirmation* page.

**Note:** Cases started prior to June 1, 2008, are not available in the upgraded version of iEXCHANGE. Contact Provider Services if you have a question about an earlier case.

**Q: I am trying to submit my request and am getting an error stating that this member is "locked to another user." What does this mean?**

**A:** This means that another iEXCHANGE user (provider or KMHP) is entering information on this member in the same case or in a recent case that the system thinks might be a duplicate. Simply wait to submit.

**Q: I cannot find the member or I get an error message that says the member is not on file.**

**A:** If you are using an ID number to find the member, make sure the number you enter has “-01” at the end. If you still cannot find the member, try searching by last name and birth date.

If you still cannot find the member, verify that the patient’s last name is spelled correctly and that the patient is using the same name he/she submitted to KMHP. For example, if a woman used her maiden name to apply for Medicaid but has since married and changed her name, you need to submit the request with her maiden name (the name on her KMHP card).

**Q: How will I know if iEXCHANGE is pending the request due to a system/business reason instead of a clinical reason?**

**A:** If there is a system problem (e.g., a duplicate case or an issue with eligibility), iEXCHANGE will display appropriate warning messages. If iEXCHANGE displays the message after you completed the questionnaire: “If you complete these additional questions, you may be able to change a status of pend to an approval status for the LOS,” the request is being pended for clinical reasons.”

**Q: A new person is hired. How do we get the new person added to iEXCHANGE?**

**A:** Ask the person assigned as your facility's iEXCHANGE Administrator to add the new person as an iEXCHANGE user. If the Administrator is not available, call Provider Services.