



aerial™

iExchange User Guide



iExchange FAQ

Q: What is the iExchange Provider Portal?

A: The iExchange Provider Portal is a platform for providers to submit authorization requests for review.

Q: How do providers log in to the iExchange Provider Portal?

A: Providers can log in to the iExchange Provider Portal by going to myameriben.com, selecting the Provider link, and logging in. Once logged in, the provider will select the Pre-Authorization Request icon.

Q: What types of authorization requests can be submitted through the iExchange Provider Portal?

A: Providers can submit new inpatient and outpatient requests, request extensions for inpatient and outpatient procedures, and search for treatments, providers, and treatment updates

Q: What information is required when submitting a new inpatient request?

A: When submitting a new inpatient request, providers must enter the member ID, submitting provider, facility, treatment setting, treatment type, review type, admit date, primary diagnosis, requested length of stay, attending physician, and submitter information. Providers can also enter up to 4 diagnoses and indicate if the request is an emergency.

Q: What information is required when submitting a new outpatient request?

A: When submitting a new outpatient request, providers must enter the member ID, submitting provider, facility, servicing provider, attending provider, treatment setting, primary diagnosis, and submitter information.

Q: Can providers search for members when submitting a request?

A: Yes, providers must search for the member when submitting a request in order to select the member. Providers must also review previous requests before being able to select the member.

Q: Can providers view status updates for requests?

A: Yes, providers can view status updates for authorized providers in their group, view any notes that have been added to requests submitted, and request extensions on requests.

Q: Can providers request extensions on requests?

A: Yes, providers can request extensions on current inpatient requests by entering the review type, attending physician, and additional length of stay units. Providers must also enter the procedure, scheduled date, and servicing provider information.

Q. How do I confirm provider/facility name and address?

A. Confirmation of the provider/facility name and address is required. Within the request, click on the summary hyperlink option available under each facility or requesting/submitting provider selected. If there are no changes needed in the required fields, enter "N/A".



iExchange Administration

To perform administrative maintenance for your provider group, select the **iExchange® Administration** link on the iExchange® preferences page. The iExchange® Administrator page displays.

| | | | | | |
|-----------------------|------------------------|---------------------------------|--------------------------|--|--|
| Starting point | Change password | iExchange administration | Edit user profile | | |
|-----------------------|------------------------|---------------------------------|--------------------------|--|--|

Payer selected:
AMDOQ5
[Select a different payer](#)

iExchange administration
Choose from the links below to perform administration tasks.

Administer provider group: SQE Testing Group1 - 112233

Edit provider group
Click the **Edit provider group** link above to enter or edit information about your iExchange Provider Group.

User account administration
Click the **User account administration** link above to enter or edit information about account users for your iExchange Provider Group. New users of iExchange can be set up here.

Submitting providers
Click the **Submitting providers** link above to enter or edit information about the providers for which an iExchange transaction can be submitted. Submitting providers should correspond to healthcare providers within your iExchange Provider Group. At least one Submitting provider must be set up in order to perform a transaction in iExchange.

Frequent providers
Click the **Frequent providers** link above to set up a shortlist to be used in iExchange to hold the providers your Provider Group most often uses.

Frequent procedures
Click the **Frequent procedures** link above to set up a shortlist to be used in iExchange to hold the procedure codes your Provider Group most often uses.

Frequent diagnoses
Click the **Frequent diagnoses** link above to set up a shortlist to be used in iExchange to hold the diagnosis codes your Provider Group most often uses.

The iExchange® Administrator page allows you to edit your provider group and maintain your provider group's user accounts, submitting providers, frequent providers, frequent procedures, and frequent diagnosis.



Adding Providers

To add providers, do the following:

- 1. From the Submitting provider summary page, click **Add provider**. A provider status of 'Inactive' indicates that iExchange was unable to locate the MCO ID for the provider in the payer's system. Inactive providers do not display in the provider list for treatment request entry or for treatment search for the payer.
- 2. **Refresh** providers that have an Inactive status.
- 3. Use **Delete** to remove providers that still have an Inactive status after the refresh.

Submitting provider summary

This page contains the list of the Submitting Providers associated with your provider group. Click **Edit** to designate a submitting provider as the default submitting provider. Click **Delete** to remove a submitting provider from the list. Click **Add provider** to add a new submitting provider to the list. Click **Refresh** to refresh the selected provider's name and NPI information from the selected payer's system. A provider status of 'Inactive' indicates that iEXCHANGE was unable to locate the MCO ID for the provider in the payer's system. Inactive providers do not display in the provider list for treatment request entry or for treatment search for the payer. Refresh providers that have an Inactive status. Use Delete to remove providers that still have an Inactive status after the Refresh.

next »

| | Provider | MCO ID | NPI | Additional information | Payer | Approved | Status |
|-----------------------|----------------------|--------------|------------|------------------------|---------------|------------------|--------|
| <input type="radio"/> | Jamison, Carol D | 567438 | 8888723893 | | ABC Insurance | Pending Approval | Active |
| <input type="radio"/> | Jones, Edward S | PRACT-100002 | 1116621102 | | ABC Insurance | Approved | Active |
| <input type="radio"/> | Jones, Jane E | PRACT-100001 | 1116621101 | | ABC Insurance | Approved | Active |
| <input type="radio"/> | Lathiris, MaryBeth V | 123000 | 1234569878 | | ABC Insurance | Approved | Active |
| <input type="radio"/> | McKay, Franklin G | 8291104 | 9988822203 | | ABC Insurance | Approved | Active |
| <input type="radio"/> | Miller, MaryBeth S | 123000 | 1234569878 | | ABC Insurance | Approved | Active |
| <input type="radio"/> | Miller, MaryBeth S | 123000 | 1234569878 | | ABC Insurance | Approved | Active |
| <input type="radio"/> | Miller, MaryBeth S | 123000 | 1234569878 | | ABC Insurance | Approved | Active |

next »

EditDeleteAdd providerRefresh

Cancel



The Provider search page displays.

Starting point | Change password | iExchange administration | Edit user profile

Payer selected: **AMDOQ5**
[Select a different payer](#)

Provider search
Use this page to search for providers. First select a payer, search type and provider type. Then enter your search criteria. Then click **Submit search**.

1 Select a search type and a provider type →

Payer

Search type

Provider type

4. Click the **Payer** drop-down menu and select a payer.
5. Click the **Provider type** drop-down menu and select a provider type. The three provider types available are Practitioner, Facility and Group Practice.
6. For additional information on how to perform a Provider Search, see the Provider Search section.
7. Click **Submit search**.

The Provider search result page displays listing the providers meeting your search criteria.

8. Click **Select**, located next to the provider name, to select a provider. The Submitting provider details page displays.
Click **New search** to perform a new search.
Click **Cancel** to return to the Submitting provider summary page.
9. Click the **Yes** radio button if you want this provider to be the default provider.
10. Enter Additional information to help differentiate providers with the same name. (optional)
11. Click **Save** to save your entry. The Frequent provider summary page displays stating that the provider has been updated.



Editing Providers

To edit providers, do the following:

1. From the Submitting provider summary page, click the radio button next to the provider's name that you want to edit.
2. Click **Edit**, located at the bottom of the Submitting provider summary page. The Submitting provider details page displays.
3. Enter the appropriate changes and click **Save**.

The Submitting provider summary page displays stating that the provider has been updated.



Prior Auth Request - General Information

1 **General information**

Use the General information section to record the member ID (click Member search to verify eligibility), submitting provider, servicing provider as well as diagnostic information.

Prior auth request entry
Once you enter the General information and Services information click **Next step**. IEXCHANGE evaluates your prior auth request and displays the Prior auth request preview page.

Payer Notice:
For Prior Auths Entry, each payer notice (on main application pages and popup) supports basic HTML formatting for line breaks, underlining, *italics*, and **bolding**. If the notice is more than 256 characters, a link is displayed that a ... [more information](#)

Notification date
11/29/2012 (mm/dd/yyyy)

Member ID
Enter or Search for ID
 Member search

Submitting provider
1BPract, Practitioner B - P001B - 1101101100
[Submitting provider summary](#)

Facility
(optional)
Select facility from the list or search for ID
 Provider search
[Facility summary](#)

Servicing provider
Select a servicing provider from the list or search for ID
 Provider search
[Servicing provider summary](#)

Attending physician
(optional)
Select attending physician from the list or search for ID
 Provider search
[Attending physician summary](#)

Treatment setting
Unknown

Primary diagnosis
Enter Diagnosis code or Select from Short list
ICD10 **Diagnosis search**

Secondary diagnosis
(optional)
ICD10

Secondary diagnosis
(optional)
ICD10

Secondary diagnosis
(optional)
ICD10

The Notification date defaults to the current date and cannot be edited.

Note:

Each payer to whom you submit a request can include payer specific fields used to collect additional data. Since these fields can vary in name and function by payer, some are not in this guide. Below is a list of descriptions and steps on how to complete the more commonly prompted fields. Completion of each field is required unless labeled as optional.

1. Enter the **Member ID** or click **Member search** to find the member's identification number. For additional information on how to perform a member search see [Member search](#). Depending on the payer you selected, you may be required to perform a member search to value the Member ID. In this case, you are presented with a message indicating that you must search for the member whom you wish to use, and the Member ID text box is not displayed.
2. Click the **Submitting provider** drop-down arrow and select the appropriate submitting provider.
3. Click the **Submitting provider summary** link to view identification and demographic information for the selected provider.
4. Click the **Servicing provider** drop-down arrow and select the appropriate servicing provider. If servicing provider is not listed, click **Provider search** to find the provider. For additional information on how to perform a provider search, see [Accessing Provider Search from the Navigation Menu](#).



5. Click the **Servicing provider summary** link to view identification and demographic information for the servicing provider.
6. Click the **Treatment setting** drop-down arrow, and select the treatment setting. This field displays only if treatment setting is enabled for the selected payer.
7. Enter a Primary diagnosis or click **Diagnosis search** to find a primary diagnosis. You search for a diagnosis as an ICD 9 or ICD 10 code. For additional information on how to perform a diagnosis search, see [Diagnosis Search](#).
8. Enter or select a **Secondary diagnosis**. This field is optional.



Prior Auth Request - Service Information

Prior Auth Request - Service Information

2 **Services information**

Enter or select procedure codes and modifiers, each one with requested units/visits as well as start date and end date. You must have at least one procedure. You may have as many procedures as there are areas to enter them.

Service 1

Procedure
Enter Procedure code or Select from Short list

Unit(s)

Start date
 / / (mm/dd/yyyy)

End date
 / / (mm/dd/yyyy)

Service 2 (optional)

Procedure
Enter Procedure code or Select from Short list

Unit(s)

Start date
 / / (mm/dd/yyyy)

End date
 / / (mm/dd/yyyy)

Service 3 (optional)

Procedure
Enter Procedure code or Select from Short list

Unit(s)

Start date
 / / (mm/dd/yyyy)

End date
 / / (mm/dd/yyyy)

1. In the **Service 1 Procedure** section, you can do one of the following:
 - Enter a Procedure
 - Select a code from the procedure code drop-down list.
 - Select Procedure search to search for a procedure code.
 - Enter a procedure modifier in the Procedure modifiers You can enter up to four procedure modifiers. These fields are optional and display only if procedure modifiers are enabled.
 - Depending on the payer selected you may have the ability to enter or search for a ICD 9, ICD 10, HCPCS, or CPT procedure code. For additional information on how to perform a Procedure search, review the Procedure Search section.
2. Enter the number of **Units of service**. **Note:** You are able to add multiple service lines with the same procedure code with different date ranges that do not overlap. This allows you to review and authorize the same code for a member over an extended period of time.
3. Click the **Treatment type** drop-down arrow, and select the appropriate treatment type. This field displays only if treatment setting is valued in the General Information pane. The field displays for each service. This is a required field.
4. Click the **Review type** drop-down arrow, and select the appropriate review type. This field displays only if review type is enabled for the selected payer. The field displays for each service and is a required field.



5. Enter a **Start date**.

6. Enter a **End date**.

The current date defaults in both fields.

Additional Notes

Additional notes (optional)

Other Med Note 1

Next step Cancel

1. Enter any notes in the additional notes section. This field is optional.
2. Click **Next step**.

Note:

When you click **Next step**, iExchange evaluates the entered request data before displaying the Prior auth request preview page. If a data error is displayed on the entry page, you must correct the error before the preview page displays. If you cannot correct the error immediately, you can print a print-friendly copy of the request to keep on the patient's chart.

Prior auth request preview

Review your prior auth request information here. If everything is correct, click the **Submit** button to save your request and open the Prior auth request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this prior auth request was current when you clicked **Next step**. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request and prior auth request reference number will be assigned when you click **Submit**.

Summary/Additional criteria

This section displays the projected status for the service(s) requested. The additional criteria link appears for a service if the additional criteria can affect the review outcome status of the service. If you complete the additional criteria you may receive an approval for the service.

Note: Once you access and complete the additional criteria for a service, the edit function is disabled for the request. Complete your preview of the entire request before accessing the additional criteria link. Also note that on requests for multiple services, additional criteria may be required for more than one service. Once you complete the additional criteria for a service you can access and complete the additional criteria for other services, if applicable.

Affects status ☒ Accessed View/Print responses

| Service | Code | Start/end date | Units | Projected status | Additional criteria |
|---------|-------|-------------------------|-------|------------------|----------------------------------|
| 1 | 71010 | 12/15/2010 - 12/15/2010 | 1 | PEND | Access CareWebQI |
| 2 | 99503 | 12/15/2010 - 12/16/2010 | 2 | PEND | Access CareWebQI |



Prior Auth Preview

Prior auth request preview




Review your prior auth request information here. If everything is correct, click the **Submit** button to save your request and open the Prior auth request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.



The status of this prior auth request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request and prior auth request reference number will be assigned when you click **Submit**.

Summary/Additional criteria

This section displays the projected status for the service(s) requested. The additional criteria link appears for a service if the additional criteria can affect the review outcome status of the service. If you complete the additional criteria you may receive an approval for the service.

Note: Once you access and complete the additional criteria for a service, the edit function is disabled for the request. Complete your preview of the entire request before accessing the additional criteria link. Also note that on requests for multiple services, additional criteria may be required for more than one service. Once you complete the additional criteria for a service you can access and complete the additional criteria for other services, if applicable.

 Affects status  Accessed  View/Print responses

| Service | Code | Start/end date | Units | Projected status | Additional criteria |
|---------|-------|-------------------------|-------|------------------|--|
| 1 | 71010 | 12/15/2010 - 12/15/2010 | 1 | PEND |  Access CareWebQI |
| 2 | 99503 | 12/15/2010 - 12/16/2010 | 2 | PEND |  Access CareWebQI |

Summary/Additional Criteria

The Summary/Additional criteria section contains:

- The **Service** number.
- The procedure **Code**.
- The **Start/end** date.
- The number of **Units**.
- The **Projected status** for the requested service.
- The **Additional criteria** link displays if the additional criteria can affect the review outcome status of the service.

Note:

Preview the entire request before accessing the additional criteria link. Once you access and complete the additional criteria for a service, the edit function is disabled for the request.

Prior auth request information

The Prior auth request information section contains the Member information, Servicing provider, Submitting provider, Facility and Service information entered on the request entry page.



Note:

The Service information and General other information sections display the procedure and diagnosis ICD 9 or ICD 10 codes and descriptions depending on the payer selected.

General prior auth information

This section lists general information about the prior authorization such as Primary diagnosis and Notes. Other options available:

1. Click **Edit** to return to the request entry page to make changes.
2. Click **Submit** to send the request to the payer for consideration and display the confirmation page.
3. Click **Cancel** to cancel the request entry.

Prior Auth Confirmation

 [Print friendly version](#)

Prior auth request confirmation

This page contains prior auth request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The other request status may have changed if eligibility or other data changed in the interim.

Request ID: **20101130-000027** [Attach file](#)

Summary

| Service | Code | Start/end date | Units | Status |
|---------|-------|-------------------------|-------|--------|
| 1 | 71010 | 12/15/2010 - 12/15/2010 | 1 | PEND |
| 2 | 99503 | 12/15/2010 - 12/16/2010 | 2 | PEND |

1. Click the **Print friendly version** link. The print friendly version of the request confirmation displays. The print friendly page contains all of the information presented on the confirmation page.
2. Click **Print this page**. The confirmation page prints to the user's designated printer.
3. Click **Close** to leave the page. The Prior auth request confirmation introduction section and the system assigned **Request ID** number display.
4. Click the **Attach file** link (depending on the payer selected). The system scrolls down to the **Request Attachments** section. For additional details on how to attach a file to a request see Request Attachments.

Summary

The Summary section contains:

- The **Service** number.
- The procedure **Code**.
- The service **Start/end date**.



- The number of Units.
- The Status of each service.

Prior authorization request information

| Prior auth request information | |
|--------------------------------|--|
| Member | Johnson, Jonathan D |
| Member ID | 1000-01 |
| Date of birth | 12/01/1944 |
| Age | 65 |
| Gender | Male |
| Line of business | POD |
| Coverage dates | 01/01/2007 - 12/31/2010 |
| Group ID | 98273987012 |
| Group name | |
| Subscriber ID | 10000 |
| Subscriber name | Johnson, Jonathan |
| Plan | Plan A |
| Client | |
| PCP name | |
| PCP MCO ID | 444000-01 |
| PCP NPI | 8847388847 |
| Servicing provider | Miller, MaryBeth S |
| NPI | 1234569878 |
| Provider MCO ID | 123000 |
| Specialty | Internal Medicine |
| Address | |
| Phone | |
| Service 1 | |
| Status | PEND |
| Procedure | 71010 - RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL |
| Procedure modifiers | |
| Place of service | |
| Service start/end dates | 12/15/2010 - 12/15/2010 |
| Service dates | 12/15/2010 - 12/15/2010 - 1 Units - PEND |
| Servicing provider | Miller, MaryBeth S |
| Service 2 | |
| Status | PEND |
| Procedure | 99503 - HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY ASSESSMENT, APNEA EVALUATION) |
| Procedure modifiers | |
| Place of service | |
| Service start/end dates | 12/15/2010 - 12/16/2010 |
| Service dates | 12/15/2010 - 12/16/2010 - 2 Units - PEND |
| Servicing provider | Miller, MaryBeth S |
| Submitting provider | Miller, MaryBeth S |
| NPI | 1234569878 |
| Provider MCO ID | 123000 |
| Specialty | Internal Medicine |
| Address | |
| Phone | |
| Facility | |
| NPI | 2119933333 |
| Provider MCO ID | BRZ-02 |
| Specialty | Internal Medicine |
| Address | |
| Phone | |

The Prior auth request information section contains (depending on the payer) the Member information, Servicing provider, Attending provider, Service and Service information entered on the request entry page.

Request Attachments



Request Attachments

Attach new file

Allowable file type(s): PDF, XLS, DOC, JPG

Title:

Attachment:

Browse...

Attach

The **RequestAttachments** section enables the user to attach a file to the request.

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