

Interactive Care Reviewer



Authorization Inquiries Reference Guide

Interactive Care Reviewer (ICR) is our online authorization tool providers can access on the Availity Portal to create, submit and check the status of authorizations.

The purpose of this reference guide is to assist you with navigating ICR to locate and check the status of authorizations associated with your organization / tax id. After reviewing this document, you will be able to:

- Identify the Availity role assignment needed to access ICR Authorization Inquiry features.
- Access ICR through the Availity Portal.
- Identify the search options and data elements needed to locate authorizations associated with your organization.
- Download and print case information and PDFs of provider letters.

Listed below are some of the features and benefits that are available to you when you use ICR to locate and check the status of your organization's authorizations.

- The ICR gives a comprehensive view of all authorization requests affiliated with your tax id / organization, even those that were requested by fax or phone.
- Any staff member can access the application at any time if they have the appropriate Availity role assignment. There is no need to pick up the phone.
- If your email address was included on the submitted request, you will be notified via email that the case has been updated in ICR.
- You can view an imaged copy as well as download and print case information.

Availity role assignment

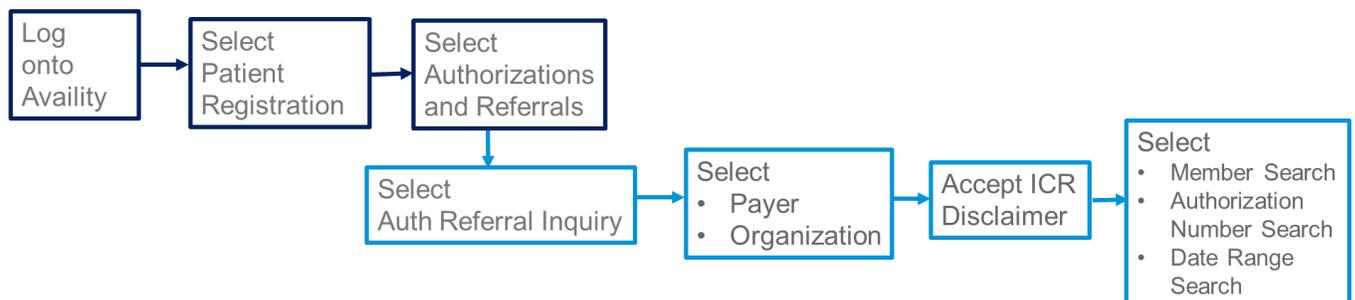
First, to access the inquiry feature on ICR you will need to have your Availity administrator assign you the **Authorization and Referral Inquiry** role.

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

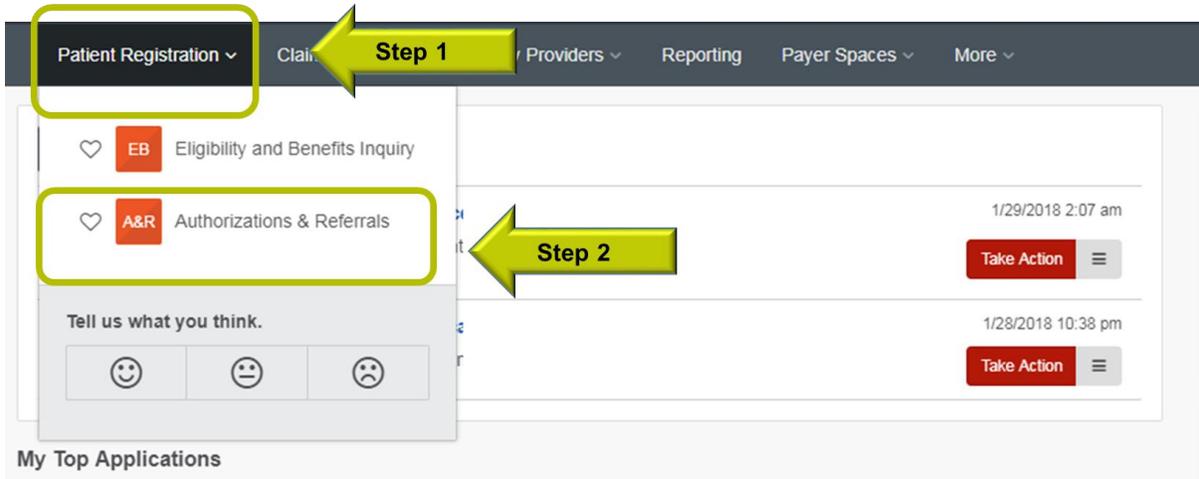
Accessing ICR through the Availity Portal

Below is an illustrated overview of the actions you'll take to access the ICR tool from Availity to locate case information and status updates.

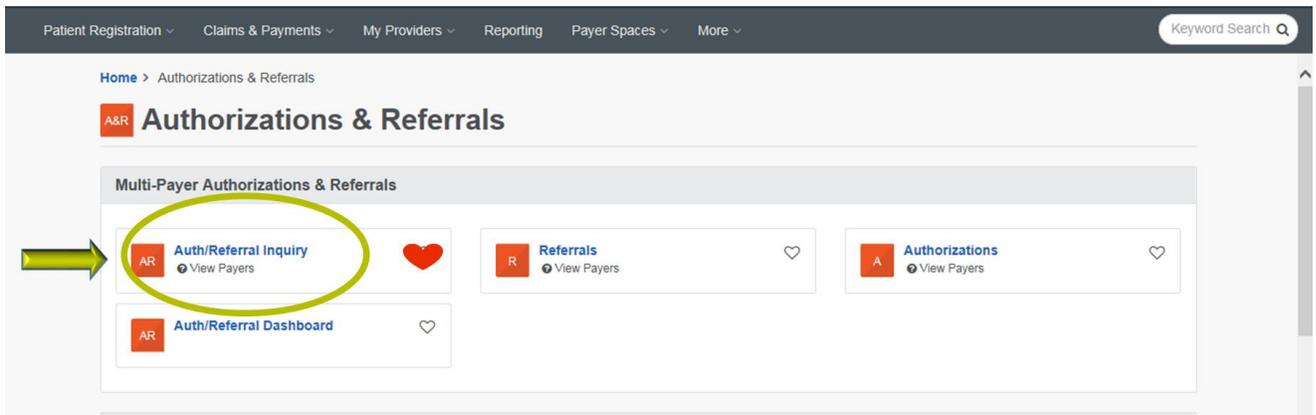
Select **Patient Registration** then **Authorization and Referrals** from Availity's home page, next choose **Auth Referral Inquiry**, then select the **Payer** and your organization. Accept the ICR disclaimer and you are ready to choose one of three search options – Member, Authorization Number or Date Range.



Illustrated below are the detailed steps you will take to access ICR after you logon to the Availity Portal with your unique user ID and password. First, from Availity's home page, select **Patient Registration** from the menu bar and choose **Authorizations and Referrals**.



From the *Authorizations and Referrals* page, select **Auth/Referral Inquiry**. (You can select the heart located on the right side of the tile to save *Auth/Referral Inquiry* as a Favorite.)



Next, you will land on Availity's *Authorization/Referral Inquiry* page. Here, choose the **Payer** drop down menu and select the line of business then select your **Organization**. Select **Submit** be routed to the ICR tool.

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

Before being able to conduct your search you will need to accept the ICR Terms of Use and Disclaimers. This action will take you to the ICR *Check Case Status* landing page.



Interactive Care Reviewer Terms of Use and Disclaimers

We have developed this online system 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. Please note that based on the member's plan, the following may apply:

- 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.

Locating authorizations on ICR

Check Case Status is the landing page for those of you who only have the *Authorization and Referral Inquiry* role assignment. *Check Case Status* is the menu item on the ICR tool that you'll use to locate requests associated with your organization's tax ID that were submitted by ICR, phone or fax.

You have three choices to conduct your search: by member, by reference authorization request number or by date range. Each search option has required fields and will give you one or more results.

The screenshot shows the 'Check Case Status' page. At the top, there is a navigation bar with five items: 'My Organization's Requests', 'Create New Request', 'Search Submitted Request', 'Check Case Status' (highlighted with a yellow circle), and 'Check Appeal Status'. 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 option buttons: 'Search By Member', 'Search By Reference/Authorization Request Number', and 'Search By Date Range' (all highlighted with a yellow circle). The main form area contains several required fields: 'Subscriber ID *', 'Patient Birth Date *' (with MM/DD/YYYY format), 'Patient First Name', 'Request Type' (dropdown menu set to 'All'), 'Service Start Date *' (with MM/DD/YYYY format and calendar icon), 'Service End Date *' (with MM/DD/YYYY format and calendar icon), and 'Provider Tax ID *' (dropdown menu). There is also an 'Identifier Type *' dropdown menu set to 'Select One'. A note below this field reads: 'If no results are returned using Medicare id, please try selecting NPI. This field is required'. At the bottom right of the form are 'CLEAR' and 'SEARCH' buttons. At the very bottom, there is an 'IMPORTANT NOTE' regarding Protected Health Information.

First, let's look at **Search by Member**. You need to complete all the required fields which are identified by the asterisk. Searching by member requires the most information of the three options. This is a good option when you want to view multiple authorizations for one member or don't have the authorization number.

Type the subscriber ID in the field as it's listed on the member ID card. Next, enter the patient date of birth and service dates, then select the provider tax ID from the drop-down. Last select the *Identifier Type*. You have two options from which to choose, the NPI or the facility Medicare ID.

Here's a tip: If you conduct a search for a provider group that has one tax ID and more than one NPI, your results will only show the authorization affiliated with the NPI you select. You will have to do another search to find a case associated with another NPI.

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

Request Type

Service Start Date *

Service End Date *

Provider Tax ID *

Identifier Type *

 Select One
 NPI
 Medicare Id(Facilities)

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

Your second option is to **Search by Reference Authorization Request Number**. You will only get one result choosing this search option since you are using the authorization number. Type the authorization number in the allocated field, then select the provider tax ID from the drop-down menu.

The screenshot shows a search interface with three tabs: "Search By Member", "Search By Reference/Authorization Request Number" (highlighted with a yellow circle), and "Search By Date Range". Below the tabs, there is a "Required Fields" section with two fields: "Reference/Authorization Request Number" (a text input field) and "Provider Tax ID" (a dropdown menu). At the bottom right, there are "CLEAR" and "SEARCH" buttons. A disclaimer at the bottom reads: "IMPORTANT NOTE: You are not permitted to use or disclose Protected Health Information about individuals that you are not currently treating. This applies Protected Health Information accessible in any Anthem online tool, or sent in any other medium including mail, email, fax, or other electronic transmission."

To **Search by Date Range**, enter a 30 day or less date span. For example, your search can be January 1 to January 30, but you won't get a result if you search January 1 through February 3. You may pull up several results if there are multiple cases affiliated with your tax id within the date range you select. After choosing the dates, select the tax id from the drop-down and select one of the identifier types: NPI or Facility Medicare ID.

The screenshot shows the same search interface but with the "Search By Date Range" tab highlighted in a yellow circle. Below the tabs, there is a "Required Fields" section with a note: "Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry." There are four fields: "Service Start Date" (MM/DD/YYYY), "Service End Date" (MM/DD/YYYY), "Request Type" (All), and "Provider Tax ID" (dropdown). 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, there are "CLEAR" and "SEARCH" buttons. The same disclaimer is at the bottom.

After selecting the **Request Tracking ID** number, ICR will take you to the *Case Overview* screen. Here is where you can access the details of the case information and view case status. You can expand each of the sections to review the details - Patient, Services, Providers associated with the case, and Clinical notes and images. Select the blue printer icon located on the upper right section of the screen to print and save a PDF of all the case information.

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

Expand All

Select icon to print / save case details

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

Remove From Dashboard

Below, the **Service Details** section is expanded. Here you can see the line item decision for the requested service.

Service Details

Request Type	Case Type	Service Date
Outpatient	Medical	01/11/2019 - 01/11/2019
Place of Service	Type of Service	Level of Service
On Campus Outpatient Hospital	Medical Care	Elective

Diagnosis

Dx Code(s)	Description	Primary
C01	Malignant neoplasm of base of tongue	<input checked="" type="radio"/>

Services

Place Of Service	Type Of Service	Service	Description	Decision
▶ On Campus Outpatient Hospital	Medical Care	91110 CPT	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Request approved

- ▶ Provider Details
- ▶ Clinical Details

Any letters sent to providers associated with the case are viewable in the *Letter Summary* section once they are available. Expand the section and select the link to open, save or print a PDF of the letter.

▼ Letters Summary

- Letter - #UM7302196- Requesting Provider- 01/11/2019
- Letter - #UM7302196- Servicing Facility- 01/11/2019

▶ Patient Details

▶ Service Details

▶ Provider Details

▶ Clinical Details

Check Appeals Status

Select **Check Appeal Status** from the ICR navigation bar to check the status of your request to appeal a denied authorization.

Type the **Appeal Case ID** and **Member ID** in the allocated fields. (You will find the Appeal Case ID on the acknowledgement letter mailed to your organization. Key in the case ID exactly as it appears on the letter, including dashes.)

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

*Required Fields **

Appeal Case ID *

Member ID *

Some member IDs are prefaced by a 3 character prefix. Please ensure you have entered the ID without the prefix

CLEAR SEARCH

The results of the search include status of the appeal and a link to a PDF of the acknowledgement letter.

Appeal Case ID	Status	Decision Rationale	Appeal Level	Reference/Authorization Request Number	Date Submitted	Decision Date	Letters
Appeal Case ID #	Overturned	Medically Necessary	Level 2	Auth Request #	09/09/2018	10/01/2018	Acknowledgment Letter

Helpful tips

To conclude, here are some additional tips that will assist you with accessing and navigating the ICR application.

- If you receive a system temporarily unavailable error on a consistent basis, your organization's firewalls may be blocking the site. Please contact your IT department and ask that they review your internet filters and add anthem.com as a trusted site to bypass the proxy.
- For optimal viewing, use Explorer 11, Chrome, Firefox or Safari.
- Be sure to allow pop-ups on the Availity Portal so the ICR Terms of Use and Disclaimers is available.
- If there seem to be missing fields or if you continue to have errors, clear your internet browser cache.

Contacts

Do you have questions about your Availity Portal registration or setting up your organization on Availity?

- Call Availity Client Services: **1-800-282-4548** (1-800-AVAILITY)

Now it's your turn!

Your Availity administrator can grant you access to **Auth Referral Inquiry**, and you can start using ICR right away.