

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Overview

Step by step instructions to requesting a new authorization, and or request an extension to an existing request, via iExchange.

Included in this desk procedure are the following areas:

- [iExchange](#) (step by step process to access iExchange via the Network Health Provider Portal)
- [New Inpatient Authorization](#) (step by step process to request a new inpatient authorization)
- [New Outpatient Authorization](#) (step by step process to request a new outpatient authorization)
- [Authorization Extensions](#) (step by step process to request an authorization extensions)
- [Verify Authorization Status](#) (step by step process to verify authorization request status)
- [Inpatient Discharge Notification](#) (step by step process to notify Network Health of an inpatient discharge)
- [Additional Notes & Resources](#)

Process

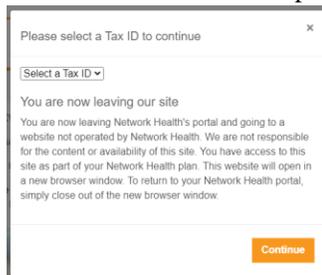
iExchange

1. Log into the Network Health Provider Portal: <https://login.networkhealth.com/Login>
 - a. If you do not have provider portal access, follow “[Provider Portal Instructions](#)” to register to the portal; unable to access iExchange without provider portal access:
https://login.networkhealth.com/documents/portal/Provider_Portal_instructions.pdf

2. Click “Authorizations”



3. Click “iExchange”
4. Choose Tax ID from drop-down menu, click “Continue”



5. New window will pop up and take you to the iExchange Starting Point (main page)

Provider iExchange Authorization Entry



New Inpatient Authorization

Follow steps below to create authorization for these types of requests:

New Inpatient Request

- Inpatient medical acute
- Scheduled inpatient services
- Comprehensive inpatient rehabilitation
- Swing bed
- Skilled nursing facility
- Long-term acute facility

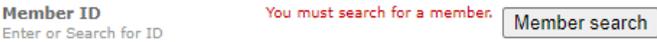
Behavioral Health Request

- Inpatient behavioral health
- Inpatient residential stay

Starting point	Inpatient
Payer selected: Network Health Plan Select a different payer	New inpatient request New inpatient behavioral health request

1. From iExchange starting point page, click “Inpatient”
2. Click appropriate selection from drop-down menu

General Information

1. Click “Member Search”

2. Enter member’s information in search fields A or B

Member search
Use this page to search for members. You will be able to search by Member ID or, depending on the payer you have selected, by Last name/Date of birth. After you enter your search criteria, if the search you perform identifies more than one member meeting the search criteria or does not identify any members meeting the search criteria then you will be prompted to value the optional fields. When you have entered the necessary information, click **Submit search**.
If member search by Last name/Date of birth does not identify any members meeting the search criteria, depending on the payer you selected you may be prompted to add a new member.

A Member ID search

Member ID
Enter the ID of an individual member

Date of birth
optional / / (mm/dd/yyyy)
Enter the member's date of birth

First name
optional
Enter the first name of the member

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 / / (mm/dd/yyyy)

First name
optional
Enter the first name of the member

Provider iExchange Authorization Entry



- Click “Submit search”

Member search result
 Click **View details** to see individual member records. Click **New search** if you would like to search for a different member.

	Member name	Date of birth	Health Plan Member ID
<input type="button" value="Select"/> View details View existing requests	ZZZTEST, UM COMMERCIAL	01/01/1980	123456789

- Click “Select” to the left of the member from search results
- Choose “Submitting Provider” from drop-down menu

Submitting provider ASCENSION NE WISCONSIN ST ELIZABETH HOSPITAL - 1407803638 - hospital ▾
[Submitting provider summary](#)

- If submitting provider is not in the drop-down menu, list the provider’s information (name & NPI#) in the “iExchange Note” field below, in the “[Additional Notes](#)” section

- Choose “Facility” from drop-down menu

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

- If your facility is not in the drop-down menu, click “Provider Search”

- Choose appropriate “Treatment Setting” from drop-down menu

Treatment setting ▾

Treatment type Comprehensive Inpatient Rehabilitation Facility
Hospice
Inpatient Hospital
Skilled Nursing Facility

Review type

Admit date

- Choose appropriate “Treatment Type” from drop-down menu

Treatment type ▾

Review type Awaiting Admission
Cardiovascular
Chemotherapy
Critical Care
Gastroenterology
General Surgery
Gynecology
Infectious Disease
Internal Medicine
Long Term Care/LTACH
Maternity
Neonatology
Neurology/Neurosurgery
Oncology/Chemotherapy
Orthopedics
Pulmonology
Transplant Admission
Transplant Evaluation
Transplant-Pending Admission

Admit date

Is this an emergency?

.....

Primary diagnosis
Enter Diagnosis code or Select from Short list

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Requested length of stay

Provider iExchange Authorization Entry



9. Choose appropriate “Review Type” from drop-down menu

Review type

Admit date / / (mm/dd/yyyy)

Is this an emergency?

Non Urgent (14 day standard)
Urgent (serious jeopardy)

10. Enter “Admit Date”

Admit date / / (mm/dd/yyyy)

11. Choose appropriate selection from “Is this an emergency?” drop-down menu

Is this an emergency?

No
Yes

Primary diagnosis
Enter Diagnosis code or Select

12. Enter ICD-10 diagnosis code in “Primary Diagnosis” code field

Primary diagnosis
Enter Diagnosis code or Select from Short list

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Secondary diagnosis (optional)

a. If applicable, enter ICD-10 diagnosis code in “Secondary Diagnosis” code fields

b. Click “Diagnosis Search” to search by description

- i. Do not attach invalid diagnosis codes, they will be displayed with this icon
- ii. If there more than five diagnosis codes, list additional diagnosis codes in the “iExchange Note” field below, in the “[Additional Notes](#)” section

13. Skip “LOS bed type”

LOS bed type (optional)

14. Enter your name in the “Name of the person completing form” field

Name of the person completing form (required)

15. Enter your phone number in the “Contact phone number” field

Contact phone number (required)

16. Enter your fax number in the “Contact fax number” field

Contact fax number (required)

Provider iExchange Authorization Entry



17. Enter additional contact person/people’s name, phone#, and fax# in the “Additional Contact Information” field, if applicable

Additional Contact Information
(optional)

18. Enter length of stay number into the “Requested length of stay” field

Requested length of stay

19. Choose appropriate selection from “Ok, to withdraw if no authorization is required. Yes or No?” drop-down menu

Ok, to withdraw if no authorization is required. yes or no?
(required)

Yes
No

- a. If Yes, utilization management will void the request if authorization is not required; requestor will be notified via fax if request withdrawn
- b. If No, utilization management will complete a pre-determination (medical necessity review) if authorization is not required

Services Information

Principal service (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

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

Service 2 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

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

- 1. **Skip all fields in this section; do not enter procedure (CPT or HCPC) codes.** List the inpatient procedure (CPT) codes in the “iExchange Note” field below, in the “[Additional Notes](#)” section

Additional Notes

- 1. List procedure (CPT or HCPC) code(s) here
- 2. List attending provider’s information (name & NPI#) here
- 3. If there are more than five ICD-10 diagnosis codes, list additional diagnosis codes here

Provider iExchange Authorization Entry



4. If the submitting provider is not in the drop-down menu, include the provider's information (name & NPI#) here
 - a. Once completed, click "Next Step"

Summary

1. Review "Inpatient request preview" screen to confirm it is all accurate
2. Click "Submit"

Confirmation

1. Pending authorization reference number is in the "Request ID" field (*save this for future reference*)
2. If clinical/records are available, please attach by clicking "Attach File," or scrolling down to the "Request Attachments" field

- a. Enter title for the attachment
- b. Click "Choose File" to attach clinical
 - i. Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX
- c. Click "Attach"

New Outpatient Authorization

Follow steps below to create authorization for these types of requests:

New Inpatient Request

- Outpatient procedures/services
- Home health services
- Durable medical equipment
- Injectable medication
- Consultations
- Referrals
- Laboratory Services

Behavioral Health Request

- Outpatient behavioral health services
- Intensive outpatient (IOP) services
- Partial hospitalization (PHP) services

Provider iExchange Authorization Entry



Starting point	Inpatient	Other
Payer selected: Network Health Plan Select a different payer		New other request New other behavioral health request

1. From iExchange starting point page, click “Other”
2. Click appropriate selection from drop-down menu

General Information

1. Click “Member Search”

Member ID You must search for a member.

Enter or Search for ID

2. Enter member’s information in search fields A or B

Member search

Use this page to search for members. You will be able to search by Member ID or, depending on the payer you have selected, by Last name/Date of birth. After you enter your search criteria, if the search you perform identifies more than one member meeting the search criteria or does not identify any members meeting the search criteria then you will be prompted to value the optional fields. When you have entered the necessary information, click **Submit search**.

If member search by Last name/Date of birth does not identify any members meeting the search criteria, depending on the payer you selected you may be prompted to add a new member.

A Member ID search

Member ID
Enter the ID of an individual member

Date of birth
optional / / (mm/dd/yyyy)
Enter the member’s date of birth

First name
optional
Enter the first name of the member

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 / / (mm/dd/yyyy)

First name
optional
Enter the first name of the member

3. Click “Submit search”

Member search result

Click **View details** to see individual member records. Click **New search** if you would like to search for a different member.

	Member name	Date of birth	Health Plan Member ID
<input type="button" value="Select"/> View details View existing requests	ZZZTEST, UM COMMERCIAL	01/01/1980	123456789

4. Click “Select” to the left of the member from search results

Provider iExchange Authorization Entry



5. Choose “Submitting Provider” from drop-down menu

Submitting provider
[Submitting provider summary](#)

- a. If submitting provider is not in the drop-down menu, list the provider’s information (name & NPI#) in the “iExchange Note” field below, in the “[Additional Notes](#)” section

6. Choose “Facility” from drop-down menu, if applicable

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

- a. If your facility is not in the drop-down menu, click “Provider Search”

7. Choose “Servicing Provider” from drop-down menu

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

- a. If your provider is not in the drop-down menu, click “Provider Search”

8. Choose appropriate “Treatment Setting” from drop-down menu

Treatment setting
.....
Primary diagnosis
Enter Diagnosis code or Select from Short list
Secondary diagnosis (optional)
Secondary diagnosis (optional)
Secondary diagnosis (optional)
Secondary diagnosis (optional)

9. Enter ICD-10 diagnosis code in “Primary Diagnosis” code field

Primary diagnosis
Enter Diagnosis code or Select from Short list

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Secondary diagnosis (optional)

Secondary diagnosis (optional)

- a. If applicable, enter ICD-10 diagnosis code in “Secondary Diagnosis” code fields
- b. Click “Diagnosis Search” to search by description
 - i. Do not attach invalid ICD-10 diagnosis codes; invalid codes are displayed with this icon
 - ii. If there more than five diagnosis codes, list additional diagnosis codes in the “iExchange Note” field below, in the “[Additional Notes](#)” section

10. For Durable Medica Equipment (DME) requests, fill in the “Is this a purchase, rental or replacement device?” and “List retail/rental purchase price for item” fields; if request is not dme,

Provider iExchange Authorization Entry



skip both fields

For DME: Is this a purchase, rental or replacement device?
(optional)

For DME: List retail/rental purchase price for item
(optional)

11. Choose appropriate selection from “Ok, to withdraw if no authorization is required. Yes or No?” drop-down menu

Ok, to withdraw if no authorization is required. yes or no?
(required)

 Yes
 No

- a. If Yes, utilization management will void the request if authorization is not required; requestor will be notified via fax if request withdrawn
- b. If No, utilization management will complete a pre-determination (medical necessity review) if authorization is not required

12. Enter your name in the “Name of the person completing form” field

Name of the person completing form
(required)

13. Enter your phone number in the “Contact phone number” field

Contact phone number
(required)

14. Enter your fax number in the “Contact fax number” field

Contact fax number
(required)

15. Enter additional contact person/people’s name, phone#, and fax# in the “Additional Contact Information” field, if applicable

Additional Contact Information
(optional)

Services Information

Service 1

Procedure

Enter Procedure code or Select from Short list



Procedure search

Unit(s)

Treatment type

Start date

 / / (mm/dd/yyyy)

End date

 / / (mm/dd/yyyy)

1. Enter CPT/HCPC code in the “Procedure” field
- a. Click “Procedure Search” to search by description
 - i. Do not attach invalid procedure (CPT/HCPC) diagnosis codes; invalid codes are displayed with this icon 

Provider iExchange Authorization Entry



- ii. If there more than five CPT/HCPC codes, list additional diagnosis codes in the “iExchange Note” field below, in the “[Additional Notes](#)” section
- 2. Enter units for that code in “Unit(s)” field
- 3. Choose appropriate “Treatment Type” from drop-down menu

- 4. Enter Start & End Date in the appropriate fields

Start date / / (mm/dd/yyyy)

End date / / (mm/dd/yyyy)

Additional Notes

- 1. If there more than five procedure (CPT/HCPC) codes, list additional diagnosis codes here
- 2. If there more than five ICD-10 diagnosis codes, list additional diagnosis codes here
- 3. If the submitting provider is not in the drop-down menu, include the provider’s information (name & NPI#) here
 - a. Once completed, click “Next Step”

Summary

- 1. Review “Other request preview” screen confirm it is all accurate
- 2. Click “Submit”

Confirmation

- 1. Pending authorization reference number is in the “Request ID” field
- 2. If clinical/records are available, please attach by clicking “Attach File,” or scrolling down to the “Request Attachments” field

- a. Enter title for the attachment
- b. Click “Choose File” to attach clinical
 - i. Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX
- c. Click “Attach”

Provider iExchange Authorization Entry



Authorization Extensions

End Date Extension

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

1. From iExchange starting point page, click “Search”
2. Click “Treatment Search” from drop-down menu
3. Choose “Request ID” from “Search Type” drop-down menu

Search type

4. Enter authorization request number into the “Request ID” field

Request ID

5. Click “Submit Search”
6. Click “Request Actions > Reopen Request”

7. Click “Request Actions > Edit Service Date”
8. Click on the CPT you’d like to edit

1	K0001	10/17/2023 - 12/31/2023
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9. Enter new end date in “Enter end date” field
 - a. New end date cannot be later than 90 days
 - b. Cannot edit start date
10. Click “Save”
11. View “Summary” section to confirm new end date

Summary				
Service	Code	Start/end date	Units	Status
1	K0001	10/17/2023 - 01/30/2024	1	APPROVE !

Provider iExchange Authorization Entry



Additional Unit(s)/Visit(s)

Via iExchange

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

1. From iExchange starting point page, click “Search”
2. Click “Treatment Search” from drop-down menu
3. Choose “Request ID” from “Search Type” drop-down menu

Search type

4. Enter authorization request number into the “Request ID” field

Request ID

5. Click “Submit Search”
6. From treatment search details, scroll down to the “General Information” section

General information
iExchange Note [test case](#)
[Add to notes](#)

- a. Click “Add to notes”
 - b. In the “iExchange Note” field, enter extension request
 - i.e., Requesting five additional visits.... Requesting four additional inpatient days... etc.
 - c. Click “Save”
7. If clinical/records are available, please attach by clicking “Attach File,” in the “Request Attachments” field

Request Attachments
Attach new file
Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX
Title:
Attachment: No file chosen

- a. Enter title for the attachment
 - b. Click “Choose File” to attach clinical
 - Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX
8. Click “Attach”

Provider iExchange Authorization Entry



Via Network Health Provider Portal

- Log into the Network Health Provider Portal: <https://login.networkhealth.com/Login>
- Click “Email Us”
 - Subject = Medical Authorization
 - Click “Choose File” to attach clinical
 - Message = enter extension request; see example below.
Member Name: [*]**
DOB: [*]**
Authorization #: [*]**
[Describe what you’re attempting to have done. i.e., Requesting five additional visits.... Requesting four additional inpatient days ...]
- Click “Send”

Verify Authorization Status

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

1. From iExchange starting point page, click “Search”
2. Click “Treatment Search” from drop-down menu
3. Choose “Request ID” from “Search Type” drop-down menu

Search type

4. Enter authorization request number into the “Request ID” field

Request ID

5. Click “Submit Search”
6. Authorization status is in the “Summary” section of “Treatment Search Details” page

Summary				
Service	Code	Start/end date	Units	Status
1	K0001	10/17/2023 - 01/30/2024	1	APPROVE !

Provider iExchange Authorization Entry



Inpatient Discharge Notification

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

1. From iExchange starting point page, click “Search”
2. Click “Treatment Search” from drop-down menu
3. Choose “Request ID” from “Search Type” drop-down menu

Search type

4. Enter authorization request number into the “Request ID” field

Request ID

5. Click “Submit Search”
6. From treatment search details, scroll down to the “General Information” section

General information
iExchange Note test case Add to notes

- a. Click “Add to notes”
 - b. In the “iExchange Note” field, enter discharge date & disposition
 - c. Click “Save”
7. If discharge summary clinical available, please attach by clicking “Attach File,” in the “Request Attachments” field

Request Attachments
Attach new file
Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX
Title: <input type="text"/>
Attachment: <input type="button" value="Choose File"/> No file chosen
<input type="button" value="Attach"/>

- a. Enter title for the attachment
- b. Click “Choose File” to attach clinical
 - Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX
- c. Click “Attach”

Provider iExchange Authorization Entry



Additional Notes & Resources

1. Once authorization review has concluded, request outcome notification is completed via determination letter sent by fax, or a phone call from the Utilization Management (UM) nurse.
2. If you are unable to locate the member in iExchange, please contact the Utilization Management department to initiate the authorization request over phone or fax/email the request.
 - a. Authorization request form: <https://networkhealth.com/assets/pdf/provider-resources/authorization-information/authorization-request-form.pdf>
3. Utilization Management Department Contact Information
 Hours of Operation: Monday – Friday, 8am – 5pm CST
 Phone# 920-720-1916 or Toll-free 866-709-0019
 Fax# 920-720-1916
 Email pophealthutiliza@networkhealth.com or 9207201916@networkhealth.com
4. If you encounter Network Health Provider Portal issues, please contact the Network Health Customer Service department via phone: 800-769-3186.
5. If you encounter iExchange issues, please contact a Population Health Specialist II via email: populationhealthspecialistsii@networkhealth.com.
 - a. Please include screen shots and a description of the issue
6. To view a list of unread treatment updates for the past 14 days, see “Treatment Updates” table on iExchange starting point page.



7. Newborn NICU admission must be faxed into Network Health Utilization Management; cannot be submitted via iExchange.
8. iExchange should NOT be used to request eviCore or CCUM authorization; please contact eviCore/CCUM directly to initiate authorization.
 - a. eviCore
 - i. Phone (855) 727-7444
 - ii. Fax (888) 693-3209
 - b. CareContiuUM (CCUM)
 - i. Phone (877) 787-8705
 - ii. Fax (877) 860-8866

Department: Population Health Utilization Management	Origination Date: 3/8/2024	Next Review Date: 10/17/2024
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