



Blue Cross and Blue Shield of New Mexico

Experience. Wellness. Everywhere.®

BCBSNM – iEXCHANGE Reference Guide

February 2011

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What is iEXCHANGE?

iEXCHANGE allows providers to perform healthcare transactions with health plans using the Internet

- **Supports 4 tiers of health care request processing:**
 - Submission
 - Transaction editing
 - Pre-processing business rules (eligibility verification, provider network status, etc.)
 - Final determination (approval, pend status)
 - Receive auto-approvals based on clinical and business rules

Key Features

- **Real-time approval for initial requests and extensions**
- **Immediate posting to BCBS work queues for exception cases**
- **Authorization status inquiries**
- **Designed for multi-payer access**

Key Features

Delegated security model

- Allows iEXCHANGE hospital system administrator to create and maintain user IDs for the group

System administrators can customize the drop down lists for their group:

- Frequently used diagnosis list
- Frequently used procedure list
- Frequently used provider list

Benefits to the Provider

- **Immediate feedback from the plan on auto approvals**
- **Auto Responses**
 - Pended for further review at the health plan
 - Additional information is required
- **Less phone calls to the health plan**
 - Direct communication
 - Treatment updates

System requirements for iEXCHANGE

To run the new iEXCHANGE® application, this requires a PC or Laptop with the following minimum hardware and software specifications.

iEXCHANGE® Hardware Specifications

- RAM of 32 MB or higher
- Connection speed of 36K or higher
- Screen Resolution of 800x600
- Platform of Windows95 or higher

iEXCHANGE® Software Specifications

- Supported Web Browsers:
- Internet Explorer 5.5 or higher all with 128-bit security
- Netscape Navigator 4.08 or higher all with 128-bit security
- JavaScript must be enabled for all web browsers

What you need to begin

User ID *

- No restrictions on format

iEXCHANGE ID

- Provided by BCBSNM

Password *

- Case sensitive
- Expires every 30 days - you will be prompted to change
Certain words are restricted – you will get a prompt
- After 3 invalid entries you will be revoked and need to wait 5 minutes to login again
- If you have forgotten your password, you will need to have the office administrator reset your password

* These will be set up by the office administrator

Note: Availity users may opt for Single Sign On (SSO). Please see next slide for details.

Availity users may opt to use the Single Sign On (SSO) process

- Registration is fast and simple
- Allows Availity registered users to access iEXCHANGE via Availity with one sign on
- In the Availity menu, click [My Account | BCBS Pre Auth Registration](#)
- On the BCBS Pre Auth Registration page, verify your organization and then click [Submit](#)
- Use the [Organizational](#) drop-down menu as needed to select the organization you want to register
- Follow the instructions as displayed for the registration status(es) you receive
- After you have successfully registered, select the [Authorizations and Referrals for HCSC](#) topic to submit your authorization or referral requests
- Please refer to the Availity [payer help topics](#) screens for additional information

iEXCHANGE

Login

Login and Starting Point

Login

- Provider Login is used by provider office/ hospital users
- Payer Login is used by MCO (Managed Care Organization) users

Starting Point

- HELP, PREFERENCES and log out links are located at the top of the screen
- Transaction navigation menu is located directly beneath these links
- Located below the navigation menu is the Select a Payer drop-list
- Below the Select a Payer drop list you will find Sponsor information and MEDecision news



Help topics are available to assist you in logging on

HELP

Welcome Provider login

1. Select Provider login

Provider login

User ID

iEXCHANGE ID

Password

Login Cancel

2. Enter your User ID (case sensitive)

3. Enter your iEXCHANGE ID

4. Enter your password (case sensitive)

Enter your **Login name** (User ID), the **iEXCHANGE ID** assigned to your office, and then your **Password**. Click the **Login** button to connect. Note that the IDs and Password you must enter are case-sensitive. You must enter each with the appropriate upper and lower-case letters as used when each was set up.

Need help logging in? Click the Help link above if you need more information to successfully connect to iEXCHANGE.

First Time Login: If you are using iEXCHANGE at a managed care organization, select the Payer Login link above.

THE iEXCHANGE SYSTEM IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE. BY PROCEEDING OR USING THE iEXCHANGE SYSTEM YOU ARE MANIFESTING THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF USE AND AGREE TO BE BOUND BY THEM. IF YOU DO NOT UNDERSTAND THE TERMS OR CONDITIONS OF USE OR DO NOT AGREE TO BE BOUND BY THEM, DO NOT PROCEED OR OTHERWISE USE THE iEXCHANGE SYSTEM. UNAUTHORIZED ACCESS TO THE iEXCHANGE SYSTEM IS PROHIBITED.

iEXCHANGE SYSTEM TERMS OF USE

1. These Terms of Use (the "Agreement") are between MEDecision, Inc. ("We", "Us" or "Our"), the group/practice entity that has been provided an ID (as defined in Section 3 below) using this System (as defined below) (the "Provider") and the Users (as defined in Section 1 below) (the Provider and Users shall collectively be "You" or "Your"). This Agreement covers the use



Starting point | **Inpatient** | Other | Referral | Search

Select a payer

▼

- Blue Cross Blue Shield of Illinois
- Blue Cross Blue Shield of New Mexico
- Blue Cross Blue Shield of Oklahoma
- Blue Cross Blue Shield of Texas

Click the dropdown arrow to submit a transaction and then click the Select button. You may need to scroll to find the payer you want.

Select a task

the payer you select to open the task page. Note that the available tasks may vary by payer.

Select a Payer

MEDecision news

Announcement

Monthly maintenance on iEXCHANGE® Web is complete.

[Go to MEDecision](#)



1. Select Provider login



Provider login

User ID

iEXCHANGE ID

Password

2. Enter your User ID (case sensitive)

3. Enter your iEXCHANGE ID

4. Enter your password (case sensitive)

Help topics are available to assist you in logging on

Note: Single Sign On (SSO) users through Availity will not see this screen and will start at the following screen

Enter your **Login name** (User ID), the **iEXCHANGE ID** assigned to your office, and then your **Password**. Click the **Login** button to connect. Note that the IDs and Password you must enter are case-sensitive. You must enter each with the appropriate upper and lower-case letters as used when each was set up.

Need help logging in? Click the Help link above if you need more information to successfully connect to iEXCHANGE.

First Time Login: If you are using iEXCHANGE at a managed care organization, select the Payer Login link above.

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Provider Administration

iEXCHANGE Administrator

- **Group administration** – Allows provider to add/ edit information about their group
- **Account administration** – Allows providers to add/ edit account information (users) associated with their group
- **Submitting providers** – Add, edit or delete submitting provider numbers
- **Frequent providers** – Add, edit or delete servicing, facility, or attending provider numbers
- **Frequent procedures** – Add, edit or delete frequently used procedure codes
- **Frequent diagnoses** – Add, edit or delete frequently used diagnosis codes



Payer selected:
Blue Cross Blue Shield of New Mexico

Treatment updates	<p>Select a link below to view treatment updates for the past 4 days</p> <p>No new updates from the MCO</p> <p>No new updates for PCPs</p> <p>View new or updated treatments</p>
--------------------------	--

Inter-plan status	Inter-plan Request Status
--------------------------	---

MEDecision news	<p>Announcement</p> <p>Monthly maintenance on iEXCHANGE® Web is complete.</p> <p>Go to MEDecision</p>
------------------------	--

Select a task

Available tasks (Inpatient, Other, Referral, or Search) appear above, to the right of the payer you select. Click the task you want to open the task page. Note that the available tasks may vary by payer.

Click PREFERENCES to access iEXCHANGE Administration

Starting point

Change password	iEXCHANGE administrator			
-----------------	-------------------------	--	--	--

Payer selected:
Blue Cross Blue Shield of New Mexico

iEXCHANGE preferences

Use this page to access various maintenance functions available including password and rule maintenance.

▶ Change password
Click the **Change password** link, above.

▶ iEXCHANGE administrator
Click the **iEXCHANGE administrator** link, above.



Select **iEXCHANGE administrator**

Starting point

Change password	iEXCHANGE administrator		
---------------------------------	---	--	--

iEXCHANGE Administrator

Choose from the links below to perform administration tasks.

Administer provider group: 2222

▶ [Group administration](#)

Click the **Group Administration** link above to enter or edit information about your iEXCHANGE Provider Group.

▶ [Account administration](#)

Click the **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.

Select Group administration

Starting point

Change password

iEXCHANGE administrator

Group Administration

Edit the general information for your iEXCHANGE Provider Group. This is important contact information which MEDecision will be able to use to contact your Provider Group.

1 Edit admin group name →

Existing Group IDs are not editable. You may edit the Group name.

Group ID 2222

You cannot edit the Group ID

Group name

2 Edit the group's contact information →

First name	<input type="text" value="BCBS"/>
Middle name optional	<input type="text"/>
Last name	<input type="text" value="Illinois"/>
Suffix optional	<input type="text"/>
Street address	<input type="text" value="Chicago Street"/>
Street address2 optional	<input type="text"/>
City	<input type="text" value="Chicago"/>
State	<input type="text" value="Illinois"/>
Zip code optional	<input type="text"/>
Office number	<input type="text"/>
Office extension optional	<input type="text"/>
Fax number optional	<input type="text"/>
Email address optional	<input type="text"/>

The remainder of the fields can be edited

Submit

Cancel

iEXCHANGE Administrator

Choose from the links below to perform administration tasks.

Administer provider group: 5183

▶ [Group administration](#)

Click the **Group Administration** link above to enter or edit information about your iEXCHANGE Provider Group.

▶ [Account administration](#)

Click the **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.

Click [Account administration](#) to add or edit users

Starting point

Change password

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Account Administration

This page contains a list of the Accounts currently associated with your Provider Group. Select the user you wish to edit and click **Edit user** to modify an existing user's data. Click **Add new user** to add a new account user to this list.

Edit an existing user or add a new user.

To edit an existing user, select the radio button next to the user name then click the Edit user button. To add a new user, click the Add new user button.

Results 1-1 of 1

	User name	Logon ID	User role	Current status
<input checked="" type="radio"/>	Test Test	admin4362	admin	ACTIVE

Edit user

Add new user

Click Add new user to create user IDs for new staff members

Starting point	Change password	iEXCHANGE administrator			
Payer selected: Blue Cross Blue Shield of New Mexico					

Add Account Information

Enter all relevant account user information including the First, Middle and Last Name, Login Information, User Role and Status. Once you add the correct information, click **Submit**.

1 Enter logon and password information →

Requested logon ID

New password

Confirm new password

Passwords are case sensitive and need to be at least 4 characters

2 Enter user profile information →

First name

Middle name

Last name

Suffix

Status

Assign admin privileges

Enter required information, assign privileges and click **Submit** to add new users



Starting point

Change password

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Account Administration

This page contains a list of the Accounts currently associated with your Provider Group. Select the user you wish to edit and click **Edit user** to modify an existing user's data. Click **Add new user** to add a new account user to this list.

Edit an existing user or add a new user.

To edit an existing user, select the radio button next to the user name then click the Edit user button. To add a new user, click the Add new user button.

Results 1-1 of 1

	User name	Logon ID	User role	Current status
<input checked="" type="radio"/>	System Admin	sysadmin	admin	ACTIVE

Edit user

Click Edit user to reset passwords, change user privileges, or deactivate users

Starting point

[Change password](#)

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Edit Account Information

Enter all relevant account user information including the First, Middle and Last Name, Login Information, User Role and Status. Once you add the correct information, click **Submit**.

1 Edit password information →

Logon ID: sysadmin

New password:

Confirm new password:

User must change password:

Reset passwords by assigning a temporary password*

2 Edit user profile information →

First name: System

Middle name:

Last name: Admin

Suffix:

Status: ACTIVE

Assign admin privileges: System administrator

Submit Cancel

* The user will be prompted to change their password when they log on

Starting point

[Change password](#)

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Edit Account Information

Enter all relevant account user information including the First, Middle and Last Name, Login Information, User Role and Status. Once you add the correct information, click **Submit**.

1 Edit password information →

Login ID

New password

Confirm new password

User must change password

2 Edit user profile information →

First name

Middle name

Last name

Suffix

Status

Assign admin privileges

Change status or administrative privileges of current users

Starting point	Change password	iEXCHANGE administrator			
----------------	-----------------	-------------------------	--	--	--

You will receive this message once you have successfully added or updated a user

Your update was successful.

Done

iEXCHANGE Administrator

Choose from the links below to perform administration tasks.

Administer provider group: 5183

▶ [Group administration](#)

Click the **Group Administration** link above to enter or edit information about your iEXCHANGE Provider Group.

▶ [Account administration](#)

Click the **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.



**Click
Submitting
providers**

Payer selected:
**Blue Cross Blue Shield of
New Mexico**

Setup submitting provider

Enter all relevant provider information including the Organization Name OR the Provider First, Middle, and Last Name , address information, phone numbers and Tax ID. Once you add the correct information, click **Next Step** to continue.

1 Step 1: Submitting provider information

Organization name*

- OR -

First name*

Middle initial

Last name*

Suffix

Address 1

Address 2

City

State*

Zip code -

Phone - - Extension

NPI

Tax ID

Universal provider ID

**Complete the
fields marked
with a red
asterisk**

Organization name
is for facility set up

OR (not both)

First and Last
Name is used for
physician set up

Make sure to also fill in the
Type 1 NPI if entering a
professional provider or
Type 2 NPI for a facility.
This is required.

Please leave
this field blank

Next step

**Click Next
Step**

Starting point

Payer selected:
Blue Cross Blue Shield of
New Mexico

[Change password](#)

iEXCHANGE administrator

Setup submitting provider

Use this page to associate the selected provider with any number of Payer organizations -- with a unique provider ID for each payer, if necessary. (1) Select the payer from the list. (2) Enter the correct ID number for this provider for the selected payer. (3) Enter a supplemental ID number for this provider for the selected payer, if necessary. (4) Click **Add to List**. (5) Click **Save** when finished adding IDs. You can delete payers from the list by clicking the **Delete** button next to the listed payer.

2 Step 2: MCO provider ID setup

Test Group

A Select a payer:

Payer*

▼
MCO 1
MCO 2
MCO 3

B Provider ID:

MCO Provider ID*

Supplemental Provider ID

Mark as Default Submitting provider

Add to list

certifications. The provider will not be available in Treatment Search until the Managed Care Organization has approved the request for this ID to perform Treatment Search transactions. If the Managed Care Organization determines that the submitted Provider ID is not correct or not appropriate, then the provider will be removed from the list of available submitting providers for referrals and certifications.

Complete the fields marked with a red asterisk and click Add to list

Providers for the group:

	Payer	ID	Supplemental	Roles
Delete	MCO 1	231751449		SUBPROV

supplemental ID number for this provider for the selected payer, if necessary. (4) Click **Add to List**. (5) Click **Save** when finished adding IDs. You can delete payers from the list by clicking the **Delete** button next to the listed payer.

2 Step 2: MCO provider ID setup

Bacharach, Jean

A Select a payer:

Payer*
[Dropdown menu]

B Provider ID:

MCO Provider ID*
[Text input field]

~~Supplemental Provider ID~~
[Text input field]

Not Used

Mark as Default Submitting provider

Add to list

When this provider is filed they will be immediately available to users for the submission of referrals and certifications. The provider will not be available in Treatment Search until the Managed Care Organization has approved the request for this ID to perform Treatment Search transactions. If the Managed Care Organization determines that the submitted Provider ID is not correct or not appropriate, then the provider will be removed from the list of available submitting providers for referrals and certifications.

HINT: Before filling in Provider ID information, please perform a provider search for the MCO ID Number to ensure the information you are entering is accurate. Please enter the alpha characters in the MCO ID as capital letters.

Providers for the group:

	Payer	ID	Supplemental	Roles
Delete	MCO 1	231751449		SUBPROV
Delete	MCO 2	231751449		SUBPROV
Delete	MCO 3	231751449		SUBPROV

If you are a solo practice, you can check this box to default as the Submitting provider

[Buttons: Save, Cancel, etc.]

Click Save

iEXCHANGE Administrator

Choose from the links below to perform administration tasks.

Administer provider group: 5183

▶ [Group administration](#)

Click the **Group Administration** link above to enter or edit information about your iEXCHANGE Provider Group.

▶ [Account administration](#)

Click the **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.



Click [Frequent providers](#)

Caution: Many physicians/ professional providers have the same first and last name. Please be sure to verify name, address & specialty when making a selection.



Starting point

Change password

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Frequent providers list

This page contains a list of the Frequent Providers currently associated with your Administrative Group. Click **Add New Provider** to add a new provider to this list. Click **Edit** to modify an existing provider's data. Click **Delete** to remove an existing provider from the list.

Organization or Provider name	Provider type:	Roles
	All	

↓

- All
- Attending
- Facility
- Servicing

Add new provider Cancel

Select Provider type



Starting point

Change password

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Setup frequent provider

Enter all relevant provider information including the Organization Name OR the Provider First, Middle, and Last Name. Once you add the correct information, click **Next Step** to continue.

1 Step 1: Submitting provider information

Organization name*

- OR -

First name*

Middle initial

Last name*

Suffix

NPI

Next step

Make sure to also fill in the Type 1 NPI if entering a professional provider or Type 2 NPI for a facility. This is required.

Enter provider information and click Next step

supplemental ID number for this provider for the selected payer, if necessary. (4) Click **Add to List**. (5) Click **Save** when finished adding IDs. You can delete payers from the list by clicking the **Delete** button next to the listed payer.

2 Step 2: MCO provider ID setup

iEXCHANGE, Physician

A Select a payer:

Payer*

Provider ID:

MCO Provider Code*

Supplemental Provider ID

Select Payer information

C Select provider roles:

Provider Role	Mark as default for the role in the group
<input type="checkbox"/> Servicing provider	<input type="checkbox"/>
<input type="checkbox"/> Attending physician	<input type="checkbox"/>
<input type="checkbox"/> Facility	<input type="checkbox"/>

Select Provider Roles

Add to list

Click Add to list

Providers for the group:

	Payer	Code	Supplemental	Roles
Delete	Blue Cross Blue Shield of Texas	H0TMPPCP010001		SRVCPROV, ATTPROV

2

Step 2: MCO provider ID setup

iEXCHANGE, Physician

A Select a payer:

Payer* [dropdown menu]

B Provider ID:

NPI: [input field]
MCO Provider Code* [input field]
Supplemental Provider ID [input field]

C Select provider roles:

Provider Role: Servicing provider, Attending physician, Facility
Mark as default for the role in the group: [checkboxes]

Add to list Clear form

Providers for the group:

Table with 5 columns: Payer, Code, Supplemental, Roles. Contains two rows for Blue Cross Blue Shield of New Mexico and Blue Cross Blue Shield of Texas.

Save list button

Click Save list and provider will be added to the drop down list

iEXCHANGE Administrator

Choose from the links below to perform administration tasks.

Administer provider group: 5183

▶ [Group administration](#)

Click the **Group Administration** link above to enter or edit information about your iEXCHANGE Provider Group.

▶ [Account administration](#)

Click the **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](#)

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▶ [Frequent providers](#)

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▶ [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.



Click [Frequent Procedures](#)



Starting point

[Change password](#)

[iEXCHANGE administrator](#)

Payer selected:
Blue Cross Blue Shield of New Mexico

Frequent Procedures

You can add procedures to the list of frequently used procedures. Click **Add to list** to access the add procedure page. You can edit already listed procedures--click **Edit** next to the listed procedure to access the add procedure page for the selected procedure. You can delete procedures from the list--click **Delete** next to the listed procedure. When you are finished, click **Cancel** to return to the iEXCHANGE Administrator Home.

		Procedure code	Procedure description
Edit	Delete	27130	Total Hip Replacement
Edit	Delete	27447	Total Knee Replacement
Edit	Delete	29870	Arthroscopy, Knee
Edit	Delete	31622	Bronchoscopy, Diagnostic
Edit	Delete	33210	Pacemaker Insertion
Edit	Delete	33518	CABG
Edit	Delete	42820	Tonsillectomy and Adenoidectomy, age <12
Edit	Delete	42826	Tonsillectomy
Edit	Delete	43846	Gastric Bypass
Edit	Delete	44140	Colectomy, Partial
Edit	Delete	44152	Colectomy, Total
Edit	Delete	44950	Appendectomy
Edit	Delete	45378	Colonoscopy



Procedure codes that have been added previously can be edited or deleted

Edit	Delete	45578	Colonoscopy
Edit	Delete	47562	Laparoscopic Cholecystectomy
Edit	Delete	47563	Laparoscopy
Edit	Delete	49320	Exploratory Laparotomy
Edit	Delete	52000	Cystoscopy
Edit	Delete	58150	Hysterectomy, Total Abdominal
Edit	Delete	58152	Hysterectomy
Edit	Delete	59400	Normal Vaginal Delivery
Edit	Delete	59510	Cesarean Section
Edit	Delete	63005	Lumbar Laminectomy
Edit	Delete	70450	CT of the Head
Edit	Delete	74182	MRI: Abdomen without contrast
Edit	Delete	90669	Prevnar
Edit	Delete	92507	Speech Therapy, Outpatient Setting
Edit	Delete	93510	Left Heart Catheterization
Edit	Delete	97110	Physical Therapy
Edit	Delete	99214	Office Visit
Edit	Delete	99302	Skilled Nursing Visit
Edit	Delete	99537	Occupational Therapy, Outpatient Setting
Edit	Delete	A0428	Ambulance Transfer

Add to list

Click on Add to list to add new procedure codes



Starting point

[Change password](#)

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Edit Frequent Procedures

Enter a procedure code and description and then click **Save** to save your changes to the list of frequent procedures.

Procedure code	Procedure description
<input type="text"/>	<input type="text"/>

Enter the Procedure code and description

Procedure code	Procedure description
27130	Total Hip Replacement
27447	Total Knee Replacement
29870	Arthroscopy, Knee
31622	Bronchoscopy, Diagnostic
31628	Biopsy, Lung
33210	Pacemaker Insertion
33518	CABG
42820	Tonsillectomy and Adenoidectomy, age <12
42826	Tonsillectomy
43846	Gastric Bypass
44140	Colectomy, Partial
44152	Colectomy, Total
44950	Appendectomy
45378	Colonoscopy
47562	Laparoscopic Cholecystectomy
47563	Laparoscopy
49320	Exploratory Laparotomy
52000	Cystoscopy
58150	Hysterectomy, Total Abdominal

Please note that if a Procedure code changes or is no longer valid, you will need to update your listing.

27447	Total Knee Replacement
29870	Arthroscopy, Knee
31622	Bronchoscopy, Diagnostic
31628	Biopsy, Lung
33210	Pacemaker Insertion
33518	CABG
42820	Tonsillectomy and Adenoidectomy, age <12
42826	Tonsillectomy
43846	Gastric Bypass
44140	Colectomy, Partial
44152	Colectomy, Total
44950	Appendectomy
45378	Colonoscopy
47562	Laparoscopic Cholecystectomy
47563	Laparoscopy
49320	Exploratory Laparotomy
52000	Cystoscopy
58150	Hysterectomy, Total Abdominal
58152	Hysterectomy
59400	Normal Vaginal Delivery
59510	Cesarean Section
63005	Lumbar Laminectomy
70450	CT of the Head
74182	MRI: Abdomen without contrast
90669	Prevnar
92507	Speech Therapy, Outpatient Setting
93510	Left Heart Catheterization
97110	Physical Therapy
99214	Office Visit
99302	Skilled Nursing Visit
99537	Occupational Therapy, Outpatient Setting
A0428	Ambulance Transfer


Click Save

iEXCHANGE Administrator

Choose from the links below to perform administration tasks.

Administer provider group: 5183

▶ [Group administration](#)

Click the **Group Administration** link above to enter or edit information about your iEXCHANGE Provider Group.

▶ [Account administration](#)

Click the **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.



Click [Frequent diagnoses](#)

Starting point

Change password

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of New Mexico

Frequent Diagnoses

You can add diagnoses to the list of frequently used diagnoses. Click **Add to list** to access the add diagnosis page. You can edit already listed diagnoses--click **Edit** next to the listed diagnosis to access the add diagnosis page for the selected diagnosis. You can delete diagnoses from the list--click **Delete** next to the listed diagnosis. When you are finished, click **Cancel** to return to the iEXCHANGE Administrator Home.

	Diagnosis code	Diagnosis description
Edit Delete	153.9	Colon Cancer
Edit Delete	162.9	Lung Cancer
Edit Delete	179	Uterine Cancer
Edit Delete	218.9	Uterine leiomyoma
Edit Delete	250.00	Diabetes
Edit Delete	311	Depression
Edit Delete	410.90	Acute MI
Edit Delete	414.9	Ischemic Heart Disease
Edit Delete	428.0	Congestive Heart Failure (CHF)
Edit Delete	436	Stroke (CVA)
Edit Delete	474.00	Chronic Tonsillitis
Edit Delete	486	Pneumonia
Edit Delete	493.90	Asthma

Diagnosis codes that have been added previously can be edited or deleted

Edit	Delete	438	Stroke (CVA)
Edit	Delete	474.00	Chronic Tonsillitis
Edit	Delete	486	Pneumonia
Edit	Delete	493.90	Asthma
Edit	Delete	541	Appendicitis
Edit	Delete	574.20	Cholelithiasis
Edit	Delete	575.11	Chronic cholecystitis
Edit	Delete	599.0	Urinary Tract Infection
Edit	Delete	715.10	Degenerative Joint Disease
Edit	Delete	719.90	Advanced Joint Disease
Edit	Delete	722.10	Herniated Lumbar Disc
Edit	Delete	722.2	Disc Displacement, not otherwise specified
Edit	Delete	724.5	Back Pain
Edit	Delete	784.0	Headache
Edit	Delete	786.50	Chest Pain
Edit	Delete	789.00	Abdominal Pain
Edit	Delete	799.9	Unspecified Diagnosis
Edit	Delete	998.9	Postoperative Complications
Edit	Delete	V22.2	Pregnancy
Edit	Delete	V23.9	High Risk Pregnancy, not otherwise specified

Add to list

Click on Add to list to add new diagnosis codes



Starting point

Change password

iEXCHANGE administrator

Payer selected:
Blue Cross Blue Shield of
New Mexico

Edit Frequent Diagnoses

Enter a diagnosis code and description and then click **Save** to save your changes to the list of frequent diagnoses.

Diagnosis code	Diagnosis description
<input type="text"/>	<input type="text"/>

Enter the Diagnosis code and description

Diagnosis code	Diagnosis description
153.9	Colon Cancer
162.9	Lung Cancer
179	Uterine Cancer
218.9	Uterine leiomyoma
250.00	Diabetes
278.01	Morbid Obesity
311	Depression
410.90	Acute MI
414.9	Ischemic Heart Disease
428.0	Congestive Heart Failure (CHF)
436	Stroke (CVA)
474.00	Chronic Tonsillitis
486	Pneumonia
493.90	Asthma
541	Appendicitis
574.20	Cholelithiasis
575.11	Chronic cholecystitis
599.0	Urinary Tract Infection
715.10	Degenerative Joint Disease

Please note that if a Diagnosis code changes or is no longer valid, you will need to update your listing.

Diagnosis code	Diagnosis description
153.9	Colon Cancer
162.9	Lung Cancer
179	Uterine Cancer
218.9	Uterine leiomyoma
250.00	Diabetes
278.01	Morbid Obesity
311	Depression
410.90	Acute MI
414.9	Ischemic Heart Disease
428.0	Congestive Heart Failure (CHF)
436	Stroke (CVA)
474.00	Chronic Tonsillitis
486	Pneumonia
493.90	Asthma
541	Appendicitis
574.20	Cholelithiasis
575.11	Chronic cholecystitis
599.0	Urinary Tract Infection
715.10	Degenerative Joint Disease
719.90	Advanced Joint Disease
722.10	Herniated Lumbar Disc
722.2	Disc Displacement, not otherwise specified
724.5	Back Pain
784.0	Headache
786.50	Chest Pain
789.00	Abdominal Pain
799.9	Unspecified Diagnosis
998.9	Postoperative Complications
V22.2	Pregnancy
V23.9	High Risk Pregnancy, not otherwise specified

Save

Click Save

New Inpatient Request

Starting point

Payer selected:
Blue Cross Blue Shield of New Mexico

Inpatient

Other

Referral

Search

- New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, an inpatient request extension, a new inpatient notification or an inpatient notification extension.

▶ **New Inpatient Request**

Click the **New Inpatient Request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

▶ **Extend Inpatient**

Click the **Extend Inpatient** link above. You must use the Treatment search functionality to search for the inpatient treatment you wish to extend. Depending on the payer you have selected, you will be able to submit an Inpatient request extension or an Inpatient notification extension.

▶ **Inter-plan Inpatient Request**

Click the **Inter-plan Inpatient Request** link above. You must use the Inter-plan request process to submit an Inpatient request for a member whose home plan is not the local plan (based on the payer you have selected). A blank Inter-plan Inpatient request entry page appears. You can add a member ID and all request information for this member.

A Note before you begin: if you selected the wrong payer (you want to submit this request to a different payer) click the **Starting point** link above, to return to the Starting point page and select the correct payer.

Select New Inpatient Request

Starting point

Payer selected:
Blue Cross Blue Shield of New Mexico

Inpatient

Other

Referral

Search

- ▶ New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

Inpatient request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your inpatient request and displays the Inpatient request preview page.

Payer notice:

CLINICAL NOTES are not considered or reviewed by the health plan if case is auto-authorized through iEXCHANGE. "More information" explains what transactions cannot be processed by iEXCHANGE.

Transactions for dental, behavioral health [more information](#)

1 General information

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

Notification date 03/03/2010 (mm/dd/yyyy)

Member ID You must search for a member.
Search for ID

Submitting provider

Facility Select facility from the list

or Enter or Search for ID

Treatment setting

Is this a surgical admission?

Admit date / / (mm/dd/yyyy)

Is this an

Member search

Select Member Search

NPI (Facility ID Type)

Facility search

Starting point | **Inpatient** | Other | Referral

Payer selected:
Blue Cross Blue Shield of New Mexico

Search

- Treatment search
- Provider search
- ▶ **Member search**
- Treatment update search
- Inter-plan Request Status

Member search
Use this page to search for members. You may be prompted to value the optional fields if the search you perform identifies more than one member meeting the search criteria you have entered or does not identify any members meeting the search criteria. When you have entered the necessary information, click **Submit search**.

Search by member ID →

The Member ID field is mandatory. The Date of birth, First name and Member health plan alpha prefix fields are optional.

You may be instructed to value the Date of birth and/or First name field(s) if the member search you performed returned more than one member record matching the search criteria you entered.

You may be instructed to value the Member health plan alpha prefix field if the member search you performed does not return any records matching the search criteria you entered. Note that this alpha prefix is typically indicated on the Member ID card either specifically as the plan ID or as the three-character prefix of the Member ID.

A Member ID search

Member ID
Enter the ID of an individual member

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

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

Member health plan alpha prefix
(optional)
Enter the alpha prefix for the Member's health plan

Search by Insurance ID number



Entering Date of Birth and First Name increases the accuracy of the search result

Hints:

No three letter alpha prefix is needed

FEP Member searches need to include the R

Note: Due to an FEP Requirement, precertifications for FEP Members must be requested through the State where services are to be rendered.

Starting point | Inpatient | Other | Referral

Payer selected:
**Blue Cross Blue Shield of
New Mexico**

Search

- Treatment search
- Provider search
- Member search
- Treatment update search
- Inter-plan Request Status

Member search result
Use this page to **Select** a specific member from a subscriber group. Click **View details** to see individual member records. Click **New search** if you would like to search for a different member.

You must view existing cases for a member prior to selecting the member.

	Member ID	Member name	Date of Birth	Relation
<input type="button" value="Select"/> View details View existing cases	IEXCHANGEDEMOPPO01	IEXCHANGE, DEMO PPO	04/01/1968	Spouse

Select View Existing Cases to avoid duplicate requests

Starting point | Inpatient | Other | Referral | Search

Payer selected: **Blue Cross Blue Shield of New Mexico**

- Treatment search
- Provider search
- Member search
- Treatment update search
- Inter-plan Request Status

No cases found for this member

Member search result

Use this page to **Select** a specific member from a subscriber group. Click **View details** to see individual member records. Click **New search** if you would like to search for a different member.

You must view existing cases for a member prior to selecting the member.

Even though there may be no cases, you must follow this step to proceed.

	Member ID	Member name	Date of Birth	Relation
<input type="button" value="Select"/>	TEXCHANGEDEMORPO01	TEXCHANGE	04/01/1968	Spouse

Click Select to continue

Starting point
Payer selected:
Blue Cross Blue Shield of New Mexico

Inpatient | Other | Referral | Search

- New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

Inpatient request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your inpatient request and displays the Inpatient request preview page.

Payer notice:
CLINICAL NOTES are not considered or reviewed by the health plan if case is auto-authorized through iEXCHANGE. "More information" explains what transactions cannot be processed by iEXCHANGE.

Transactions for dental, behavioral heal [more information](#)

1 General information

Select Frequently used facilities from the drop-down list or select Facility Search to search by name or NPI

Choose a Submitting Provider from the drop-down

Notification date 03/03/2010 (mm/dd/yyyy)

Member ID IEXCHANGEDEMOPPO01
Search for ID

Click on Member search to select a different member.

Submitting provider iEXCHANGE Test - HHIEXTEST01000 - 5555555555 - [v]

Facility Select facility from the list
iEXCHANGE Test - HHIEXTEST01000 - 5555555555 - [v]

or Enter or Search for ID 5555555555

NPI [v] (Facility ID Type)

Member search

Facility search

Treatment setting [v]

Is this a surgical admission? Inpatient Acute
LTAC
Rehab
Skilled Nursing
Sub Acute

Admit date (mm/dd/yyyy)

Is this an emergency? [v]

Note: If the submitting provider is not in the drop-down menu, he/she will need to be added through your Administrator before you can proceed

Starting point

Payer selected:
Blue Cross Blue Shield of
New Mexico

Inpatient

New Inpatient Request
Extend Inpatient
Inter-plan Inpatient Request

Other

Referral

Search

Inpatient request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your inpatient request and displays the Inpatient request preview page.

Payer notice:

CLINICAL NOTES are not considered or reviewed by the health plan if case is auto-authorized through iEXCHANGE. "More information" explains what transactions cannot be processed by iEXCHANGE.

Transactions for dental, behavioral heal
[more information](#)

1 General information

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

Notification date 03/03/2010 (mm/dd/yyyy)

Member ID IEXCHANGEDEMOPPO01
Search for ID

Member search

Click on Member search to select a different member.

Submitting provider iEXCHANGE Test - HHIEXTST01000 - 5555555555 - ▾

Facility iEXCHANGE Test - HHIEXTST01000 - 5555555555 - ▾
Select facility from the list

5555555555

NPI ▾ (Fac

Facility se

Treatment setting

Is this a surgical admission?

Admit date

Is this an emergency?

Inpatient Acute
LTAC
Rehab
Skilled Nursing
Sub Acute

(mm/dd/yyyy)

Click on drop-down arrows to fill in required fields

If you enter an NPI # manually in this field, make sure to also select the Facility search button to the right.

Note: If you enter an NPI manually and do not perform a search, the case is likely to pend due to multiple listings that could exist for that NPI number.

Starting point

Payer selected:
Blue Cross Blue Shield of
New Mexico

Inpatient

- New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

Other

Referral

Search

Inpatient request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your inpatient request and displays the Inpatient request preview page.

Payer notice:

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Transactions for dental, behavioral heal
[more information](#)

1 General information

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

Notification date 03/03/2010 (mm/dd/yyyy)

Member ID IEXCHANGEDEMOPPO01
Search for ID

Click on Member search to select a different member.

Submitting provider iEXCHANGE Test - HHIEXTTEST01000 - 5555555555 - ▾

Facility iEXCHANGE Test - HHIEXTTEST01000 - 5555555555 - ▾
Select facility from the list

or Enter or Search for ID 5555555555

NPI ▾ (Facility ID Type)

Treatment setting Inpatient Acute ▾

Is this a surgical admission?

No
 Yes

Admit date / (mm/dd/yyyy)

Is this an emergency? ▾

Click on drop-down arrows to fill in required fields

Starting point

Payer selected:
**Blue Cross Blue Shield of
 New Mexico**

Inpatient

Other

Referral

Search

- ▶ New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

Inpatient request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your inpatient request and displays the Inpatient request preview page.

Payer notice:

CLINICAL NOTES are not considered or reviewed by the health plan if case is auto-authorized through iEXCHANGE. "More information" explains what transactions cannot be processed by iEXCHANGE.

Transactions for dental, behavioral heal
[more information](#)

1 General information

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

Notification date 03/03/2010 (mm/dd/yyyy)

Member ID IEXCHANGEDEMOPPO01
 Search for ID:

Click on Member search to select a different member.

Submitting provider iEXCHANGE Test - HHIEXTES01000 - 5555555555 - ▼

Facility iEXCHANGE Test - HHIEXTES01000 - 5555555555 - ▼
 Select facility from the list

or Enter or Search for ID: 5555555555

Member search

NPI ▼ (Facility ID Type)

Facility search

Treatment setting Inpatient Acute ▼

Is this a surgical admission? No ▼

Admit date 03 / 17 / 2010

Is this an emergency? ▼

**Enter the
 Admit date**

Starting point

Payer selected:
Blue Cross Blue Shield of
New Mexico

Inpatient

- New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

Other

Referral

Search

Inpatient request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your inpatient request and displays the Inpatient request preview page.

Payer notice:

CLINICAL NOTES are not considered or reviewed by the health plan if case is auto-authorized through iEXCHANGE. "More information" explains what transactions cannot be processed by iEXCHANGE.

Transactions for dental, behavioral heal
[more information](#)

1 General information

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

Notification date 03/03/2010 (mm/dd/yyyy)

Member ID IEXCHANGEDEMOPPO01
Search for ID

Click on Member search to select a different member.

Submitting provider iEXCHANGE Test - HHIEXTEST01000 - 5555555555 - ▾

Facility iEXCHANGE Test - HHIEXTEST01000 - 5555555555 - ▾
Select facility from the list

or Enter or Search for ID 5555555555

Member search

NPI ▾ (Facility ID Type)

Facility search

Treatment setting Inpatient Acute ▾

Is this a surgical admission? No ▾

Admit date 03 / 17 / 2010 (mm/dd/yyyy)

Is this an emergency? Yes
No

Click on drop-down arrows to fill in required fields

Primary diagnosis
Enter Diagnosis code or Select from Short list

250.0

Requested length of stay

Attending physician
Select attending physician from the list

or enter or search for ID

Release of Information

Diagnosis search

NPI (Attending ID Typ

Provider search

Enter ICD-9 code, select from Frequent Diagnosis List, or click Diagnosis search to find code using a description

2

Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

Principal Service (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date

.....

Service 2 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date

.....

Service 3 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date

Additional Comments (optional)

Encoder Results

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

Diagnosis: chest pain

	Diagnosis
Select	UNSPECIFIED CHEST PAIN
Select	PRECORDIAL PAIN
Select	PAINFUL RESPIRATION
Select	OTHER CHEST PAIN



Select the one
that best fits the
description

New Search

Cancel

Encoder Results

Click **Yes** to add the diagnosis code to the list.

Code: 786.59

OTHER CHEST PAIN

Do you want to add this diagnosis to the list?

Yes No

New Search

Cancel

Select "Yes" to
add to the list

Or choose "New
Search" to look
up a different
code

Diagnosis Encoder

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**.

1 Choose a category to encode by (A or B) or select a diagnosis from the short list (C)

Encode by (A) Diagnosis Description or (B) Diagnosis Code. Enter the appropriate values for the selected category. Click **Encode** to convert the description to a code. Or, (C) select a diagnosis from the short list.

A Convert diagnosis description to code

Description

Enter the diagnosis description

Encode

B Convert diagnosis code to description

Code

Enter the diagnosis code

Encode

C Select diagnosis from short list

Short list

Select the diagnosis

Select

Diagnoses

	Diagnosis code	Diagnosis description	Primary
Delete	786.59	OTHER CHEST PAIN	<input checked="" type="radio"/>

Please Note:
There can only be one primary diagnosis, so you will only be able to choose one for this selection.

Click "Save" to save as the primary diagnosis

Save

Cancel

Primary diagnosis

250.0



Diagnosis search

Enter Diagnosis code or Select from Short list

Requested length of stay

1



Enter the Requested length of stay

Attending physician



Select attending physician from the list

or enter or search for ID

NPI

(Attending ID Type)

Provider search

Release of Information



2 Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

Principal Service (optional)

Procedure

Enter Procedure code or Select from Short list



Procedure search

Scheduled date

/ / (mm/dd/yyyy)

Service 2 (optional)

Procedure

Enter Procedure code or Select from Short list



Procedure search

Scheduled date

/ / (mm/dd/yyyy)

Service 3 (optional)

Procedure

Enter Procedure code or Select from Short list



Procedure search

Scheduled date

/ / (mm/dd/yyyy)

Additional Comments (optional)

Primary diagnosis

Enter Diagnosis code or Select from Short list

Requested length of stay

Attending physician

Select attending physician from the list

or enter or search for ID (Attending ID Type)

Release of Information

Select Frequently used physicians from the drop-down list or select Provider Search to search by name or NPI

2 Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

Principal Service (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

Service 2 (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

Service 3 (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

Additional Comments (optional)

Primary diagnosis 250.0

Enter Diagnosis code or Select from Short list

Diagnosis search

Requested length of stay 1

Attending physician iEXCHANGE, Physician - H0TMPPCP010001 - 7777777777 -

Select attending physician from the list

or enter or search for ID 7777777777

NPI (Attending ID type) Provider search

Click on drop-down arrows to complete the remaining required fields

Release of Information
Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review Org.
Informed Consent to Release Med. Info. for Cond./Diagnoses Reg. by Fed. Statutes
On file at Payor or at Plan Sponsor
Prov has Signed Statement Permitting Release of Med. Billing Data Related to a Claim
Prov. Limit/Restrict. Abil. to Release Data Related to Claim On file at Payer/Plan

Principal Service

Procedure
Enter Procedure code or Select from Short list

Procedure search

Scheduled date / / (mm/dd/yyyy)

Service 2 (optional)

Procedure
Enter Procedure code or Select from Short list

Procedure search

Scheduled date / / (mm/dd/yyyy)

Service 3 (optional)

Procedure
Enter Procedure code or Select from Short list

Procedure search

Scheduled date / / (mm/dd/yyyy)

Additional Comments (optional)

2

Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

or enter or search for ID

NPI

Provider search

Release of Information

2 Services information

If this is a surgical admission, the Procedure code(s) should be included.

Principal Service (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

Service 2 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

Service 3 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date / / (mm/dd/yyyy)

Additional Comments (optional)

Clinical Notes (Pended Cases Only)

Clinical Notes should only be added for cases that have pended. Please do not include otherwise.

Next step

Click Next Step

While in preview, you can make changes

Inpatient request preview

Review your inpatient request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient request confirmation page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of this inpatient 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 case and inpatient request reference numbers will be assigned when you click **Submit**.

IEXCHANGE, DEMO P

Case status will be — **Authorized**

Inpatient request information

General information

Member name	IEXCHANGE, DEMO P
Submitting provider	IEXCHANGE TEST
Address 1	2400 LAKESIDE
Address 2	
City	RICHARDSON
State	TX
Zip code	75080
Specialty	General Acute Care Hospital
Type	Misc Facility
Facility	IEXCHANGE TEST
NPI	555555555
Address 1	2400 LAKESIDE
Address 2	
City	RICHARDSON
State	TX
Zip code	75080
Specialty	General Acute Care Hospital
Type	Misc Facility
Treatment setting	Inpatient Acute
LOS status	Authorize
Length of stay days	3
Admit date	04/01/2010
To date	04/04/2010
Primary diagnosis	784.7 — EPISTAXIS
Clinical Notes (Pended Cases Only)	

Complete the following Questionnaire forms to add additional data to your inpatient request. Please note that (!) indicates questionnaires that can affect the request status — if you complete the questionnaire you may receive an approval.

Description



Accessed



Affects status

Preview Page will display Informational messages along with the expected status of the case

Submit

Preview changes

Cancel

click Submit.

Your Patient

Case status will be — **Pended**

Inpatient request information

General information

Member name	
Submitting provider	MARSHALL, GEORGE K
Address 1	717 N 4TH ST
Address 2	
City	LONGVIEW
State	TX
Zip code	756010000
Specialty	Family Practice
Type	Medical Doctor
Facility	
MEMORIAL HERMANN HOSPITAL SYSTEM	
Address 1	7600 BEECHNUT ST
Address 2	
City	HOUSTON
State	TX
Zip code	770740000
Specialty	General Acute Care Hospital
Type	Plan Hospital
Treatment setting	Inpatient Acute
LOS status	Pend
Length of stay days	2
Admit date	07/07/2007
To date	07/09/2007
Primary diagnosis	250 — THIS IS AN INVALID ICD-9-CM CODE, 4TH/5TH DIGITS REQUIRED DIABETES MELLITUS

Complete the following Questionnaire forms to add additional data to your inpatient request. Please note that (!) indicates questionnaires that can affect the request status — if you complete the questionnaire you may receive an approval.

Description



Accessed

Affects status

If you get a Pended message, please review the information to see if there was something you missed, as in this case the diagnosis coded was missing the 4th and 5th digits.

1 General information

Use this section to edit any General information including the member ID (click Member search to verify eligibility), providers (submitting), facility, treatment setting, admit date and any diagnostic information.

Notification date 03/04/2010 (mm/dd/yyyy)

Member ID IEXCHANGEDEMOPPO01

Click on Member search to select a different member.

Submitting provider iEXCHANGE Test - HHIEXTTEST01000 - 5555555!

Facility iEXCHANGE Test - HHIEXTTEST01000 - 5555555!

Select facility from the list or Enter or Search for ID

5555555555

Treatment setting Inpatient Acute

Is this a surgical admission? No

Admit date 03 / 04 , 2010

Is this an emergency? No

Primary diagnosis 285.9

Enter Diagnosis code or Select from Short list

Requested length of stay 2

Attending physician iEXCHANGE, Physician - H0TMPPCP010001 - 7777777

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

77777777

Release of Information Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review

If you would like to change any of the information entered on the Request Entry Screen, you can edit information on the preview screen - click Preview changes to update your request

2 Services information

Use this section to edit any Service information fields. Once you have made the necessary changes, click Preview changes to re-evaluate your updated inpatient request.

Principal Service (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / ,

Service 2 (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / ,

emergency? NO

Primary diagnosis

Enter Diagnosis code or Select from Short list

Requested length of stay

Attending physician

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

(Attending ID Type)

Release of Information

2 Services information

Use this section to edit any Service Information fields. Once you have made the necessary changes, click **Preview changes** to re-evaluate your updated inpatient request.

Principal Service (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / /

Service 2 (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / /

Service 3 (optional)

Procedure

Enter Procedure code or Select from Short list

Scheduled date / /

Additional Comments (optional)

Clinical Notes (Pended Cases Only)

Click Preview changes to update your request

Starting point

Payer selected:
Blue Cross Blue Shield of New Mexico

Inpatient

Other

Referral

Search

- New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

 [Print friendly version](#)

Inpatient request confirmation

This page contains inpatient request information including the case 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 inpatient request status may have changed if eligibility or other data changed in the interim.

IEXCHANGE, DEMO P Case ID — 10063-AAAA Status — **Authorized**

~~Authorized~~
~~Detail Line ID: 10063AAAAAL001001~~

Detail Line is not used

General member information

Member name	IEXCHANGE, DEMO P
Submitting provider	IEXCHANGE TEST
Submitting provider NPI	555555555
LOS status	Authorize
LOS ID	10063AAAAAL001001
Admit date	05/01/2010
To date	05/03/2010
LOS days	2
Treatment setting description	Inpatient Acute
Facility NPI	555555555
Facility name	IEXCHANGE TEST
Clinical Notes (Pended Cases Only)	
Primary diagnosis	250.00 — DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT

Click the Printer Friendly button to print a copy of your request

Confirmation screen provides the Case ID and the status of the LOS

Treatment Update Search

Treatment Update Search

- **Allows providers to search for requests that have changed over a number of days**
 - Select the number of days you want to search (up to 14 days)
 - Select the provider
 - All in your group or a specific physician
 - Display certain types of updates
 - Only view changes to an approved status
 - View only comment changes
- **From the summary you can also view details of the treatment**
- **From the “details” page you can**
 - Review the changes
 - Request an extension of the treatment
 - Read comments and respond

Starting point

Inpatient

Other

Referral

Search

Payer selected:
Blue Cross Blue Shield of
New Mexico

- Treatment search
- Provider search
- Member search
- Treatment update search
- Inter-plan Request Status

Search instructions

Use this page to perform various searches. Treatment search allows you to view and extend existing referral, inpatient and other requests. Provider search allows you to view detailed information about a provider. Member search allows you to view detailed information about a member. Treatment update search allows you to view treatment updates for providers in your group.

▶ [Treatment search](#)

Click the **Treatment search** link, above. The Treatment search entry page appears. You can search by treatment range, case ID or request ID for treatment information. After performing a Treatment search you may choose to extend a service.

▶ [Provider search](#)

Click the **Provider search** link, above. The Provider search entry page appears. You can search by provider ID, provider name or geographic location/specialty for provider information.

▶ [Member search](#)

Click the **Member search** link, above. A blank Member search entry page appears. You can search by member ID only for member information.

▶ [Treatment update search](#)

Click the **Treatment update search** link, above. The Treatment update search entry page appears.

Select Treatment update search to view newly created or modified requests

Payer selected:
Blue Cross Blue Shield of
New Mexico

- Inpatient
- Other
- Referral

- Search
- Treatment search
 - Provider search
 - Member search
 - ▶ Treatment update search
 - Inter-plan Request Status

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

Provider(s)

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

[Select all providers](#)

iEXCHANGE Test - HHIEXTEST01000

Past 14 days ▼

Date range

Specify the date range for your treatment update search.

Search filter

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

- ▼
- ▼
- Comments added
- Status changed to Approved
- Status changed to Denied
- Status changed to Pend
- All MCO treatment update types

Submit search

Cancel

Specify the type of Treatment Updates and the Providers for whom you want to search

Updates from MCO are updates from the payer (BCBSNM)

Updates for PCPs are updates to the PCPs regarding their patients

New or updated treatments include new cases that have been set up, as well as updates on existing cases

Treatment update summary

This page provides a summary of the treatment updates generated for providers in your group. Click **View details** to see more information about a treatment update. To remove one or more treatment updates from this view, check the box next to the treatment updates that you want to mark as viewed and click **Remove marked items from current view**. Once you have marked a treatment update as "Viewed", it will no longer appear on the Treatment update summary page when accessed from the iEXCHANGE starting point page.

This page displays Treatment Updates that have been generated as the result of the addition of new treatments and/or modified treatments for the selected Providers

Updates for Facility/Service Provider: IEXCHANGE TEST

Update summary	Facility/Service Provider	Case ID	Service	Primary diagnosis	Treatment dates	Last request status/reason
Treatment was added on: 02/24/2010 View details		AACH	LOS - Length of Stay	DEMENTIA, UNCOMPLICATED		
Member: IEXCHANGE, DEMO P...						
Treatment was added on: 03/04/2010 View details	05012010 /61847	10063-AAAA	Inpatient request - LOS - Length of Stay	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT	05/01/2010 - 05/03/2010	1/2
Treatment was added on: 03/03/2010 View details	03172010 /61802	10062-AAAP	Inpatient request - LOS - Length of Stay	719.90 - UNSPECIFIED DISORDER OF JOINT, SITE UNSPECIFIED	03/17/2010 - 03/20/2010	1/3
Treatment was added on: 03/03/2010 View details	04012010 /61817	10062-AAAR	Inpatient request - LOS - Length of Stay	784.7 - EPISTAXIS	04/01/2010 - 04/07/2010	1/6

Click [View details](#)

Advanced search

Cancel

Treatment update details

This page lists all treatment updates associated with the case listed below. Click on a treatment update link below to view the details of a treatment update. Click **Remove all treatment updates from current view** to indicate that all the treatment updates listed below should no longer display on the Treatment update summary page when accessed from the iEXCHANGE starting point page. Click **Extend** to add units/providers/dates to a service. Click **Modify case and/or treatment data** to add additional information to the case and/or a treatment.

Treatment updates

[LOS # 10063AAAAL001001 was added](#)

IEXCHANGE, DEMO PPO

Case ID — 10063-AAAA Status — **Approved**

Member ID	IEXCHANGEDEMOPPO01
Date of birth	04/01/1968
Member age	41
Line of business	PPO
Coverage dates	01/01/2010 —
Group ID	DEMOGP
Group name	PPO DEMO GROUP
Client code description	Texas
Subscriber ID	IEXCHANGEDEMOPP
Subscriber name	IEXCHANGE, DEMO PPO
Primary care physician (PCP)	
PCP ID	
PCP phone	
Release of Information	Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review Org.
add to comments	
Clinical Notes (Pended Cases Only)	

LOS Information

Treatment setting	Inpatient Acute
Admit date	05/01/2010
To date	05/03/2010
Disposition	
Length of stay (LOS)	?

Click on the Treatment update link to view the updated treatment information

Group ID	DEMOGP
Group name	PPO DEMO GROUP
Client code description	Texas
Subscriber ID	IEXCHANGEDEMOPP
Subscriber name	IEXCHANGE, DEMO PPO
Primary care physician (PCP)	
PCP ID	
PCP phone	
Release of Information	Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review Org.
	add to comments
Clinical Notes (Pended Cases Only)	

LOS Information	
Treatment setting	Inpatient Acute
Admit date	05/01/2010
To date	05/03/2010
Disposition	
Length of stay (LOS)	2
Primary diagnosis code	250.00
Primary diagnosis description	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT
Attending physician	IEXCHANGE, PHYSICIAN
Detail Line ID — 10063AAAAL001001	
Status — Authorize	
Start date	05/01/2010
End date	05/03/2010
Days	2
Facility	IEXCHANGE TEST
Facility NPI	5555555555
Submitting provider	IEXCHANGE TEST
Submitting provider NPI	5555555555

Treatment Update details are displayed



Starting point Inpatient Other Referral Search

Payer selected:
Blue Cross Blue Shield of
New Mexico

Treatment updates

Select a link below to view treatment updates for the past 4 days

[View updates from MCO](#)

No new updates for PCPs

[View new or updated treatments](#)



Select a task
Available tasks (Inpat
appear above, to the
that the available task

You will also be notified when Treatment updates exist for your group after you have selected a payer on the iEXCHANGE starting point page

Inter-plan status

[Inter-plan Request Status](#)

MEDecision news

Announcement

Monthly maintenance on iEXCHANGE® Web is complete.

[Go to MEDecision](#)



Inter-plan Inpatient Request



Starting point

Payer selected:
**Blue Cross Blue Shield of
New Mexico**

Inpatient

- New Inpatient Request
- Extend Inpatient
- ▶ Inter-plan Inpatient Request

Other

Referral

Search

This section is used to obtain inpatient precertifications for members that have an out-of-state BCBS policy.*

Inter-plan request process

Use this page to enter the alpha prefix for the patient's health plan.

Enter plan alpha prefix →

Specify the alpha prefix for the health plan in which the patient is a member. This alpha prefix is typically indicated on the Member ID card either specifically as the plan ID or as the three-character prefix of the Member ID.

A Health plan alpha prefix

Member health plan alpha

Enter the alpha prefix for the Member's health plan

XYZ

Continue

Cancel

Enter the 3 letter alpha prefix here

* Note: You do not need to use Inter-plan for members with policies from IL, OK and TX as they are Health Care Service Corporation members, and may be obtained through the same drop-down as the NM members.



Starting point

Payer selected:
Blue Cross Blue Shield of
New Mexico

Inpatient

Other

Referral

Search

- New Inpatient Request
- Extend Inpatient
- Inter-plan Inpatient Request

Inter-plan request process

Use this page to continue the Inter-plan transaction you wish to perform.

The patient is a Blue Cross Blue Shield of Michigan member

Continue Inter-plan process →

Click Continue to submit the request via the Inter-plan process.

A Inter-plan transaction

Continue

Cancel

The screen will display the name of the Plan that the alpha prefix belongs to

Inter-plan inpatient request entry

Once you enter the General information and Services Information click Submit. iEXCHANGE evaluates your inpatient request and, if there are no errors, submits it to the patient's plan.

1 General information

Use the General information section to record member name and demographics, submitting provider, as well as diagnostic information.

XYZ - Blue Cross Blue Shield of Michigan

A signed Release of Information document was obtained for the release of medical data to other organizations

Member ID

First name

Middle Name optional

Last Name

Member DOB / / (mm/dd/yyyy)

Gender

Submitting pr Your Provider

Facility Search for ID

Comment optional

Is this a surgical admission? optional

Admit date optional / / (mm/dd/yyyy)

Is this an emergency? optional

Primary diagnosis Enter Diagnosis code or select from Short list

Secondary diagnosis optional

Requested length of stay optional

The member ID should be entered exactly as it appears on the ID card excluding the 3 letter alpha prefix

Next choose the Submitting provider from the drop-down and then perform a Facility search to locate the facility information for selection

Your next step is a Facility search

Provider search

Use this page to search for providers. First select the provider class and the payer code. Then choose a search category and enter the required information. Then click **Submit search**.

1 Select a provider class and a payer code

Provider class

Select the class of provider you wish to search for

Facility

Payer

Select the payer group that the provider belongs to

Blue Cross Blue Shield of Texas

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

Submit search

Clear form

Cancel

B Geographic/specialty search

Location type

Town

Location

Based on location type chosen enter a town, county or zip code

longview

Provider specialty

General Acute Care Hospital

Provider type

Provider name

Enter the name of an individual provider or organization

Submit search

Clear form

Cancel

For a Standard Search (A), you can use the drop-down menu to search by: Provider Name
Phone Number
NPI Number (NPI is preferred for A)

Caution: Many facility providers have the same name. Please be sure to verify name & address when making a selection.

Provider search

Use this page to search for providers. First select the provider class and the payer code. Then choose a search category and enter the required information. Then click **Submit search**.

1 Select a provider class and a payer code

Provider class

Select the class of provider you wish to search for

Facility

Payer

Select the payer group that the provider belongs to

Blue Cross Blue Shield of Texas

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

Submit search

Clear form

Cancel

B Geographic/specialty search

Location type

Town

Location

Based on location type chosen enter a town, county or zip code

longview

Provider specialty

General Acute Care Hospital

Provider type

Provider name

Enter the name of an individual provider or organization

NM

Make sure to choose NM

Submit search

Clear form

Cancel

For Geographic/Specialty Search (B), you can limit the number of returns by narrowing the search



Starting point **Inpatient** Other Referral

Payer selected:

Select the appropriate provider or search again

- Search**
- Treatment search
 - ▶ Provider search
 - Member search
 - Treatment update search
 - Inter-plan Request Status

Provider search result

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

[next](#) >

	NPI	MCO ID	Name	Address	Phone	Specialty	Type	Supplemental ID
Select	1528026267	H0HH0750010001	LONGVIEW REGIONAL MEDICAL CENTER	2901 NORTH 4TH STREET , LONGVIEW, TX 75605-0000	903-758-1818	300/General Acute Care Hospital	0E/Plan Hospital	FH0HH0750010001
Select	3861492670	H0HH1085010001	SELECT SPECIALTY HOSP LONGVIEW INC	700 EAST MARSHALL AVE , LONGVIEW, TX 75601	903-315-1111	300/General Acute Care Hospital	0E/Plan Hospital	FH0HH1085010001



Caution: Many facility providers have the same name. Please be sure to verify name & address when making a selection.

[next](#) >

Also, make sure to choose the correct line if there is more than one match for NPI.

Inter-plan inpatient request entry

Once you enter the General information and Services Information click Submit. iEXCHANGE evaluates your inpatient request and, if there are no errors, submits it to the patient's plan.

1

General information

Use the General information section to record member name and demographics, submitting provider, as well as diagnostic information.

XYZ - Blue Cross Blue Shield of Michigan

A signed Release of Information document was obtained from the patient authorizing the release of medical data to other organizations

Member ID

First name

Middle Name
optional

Last Name

Member DOB / / (mm/dd/yyyy)

Gender

Submitting provider

Facility
Search for ID

Comment
optional

Is this a surgical admission?
optional

Admit date / / (mm/dd/yyyy)
optional

Is this an emergency?
optional

Primary diagnosis
Enter Diagnosis code or select from Short list

Secondary diagnosis

Requested length of stay
optional

The information will then be populated with your selection

Fill in the rest of the information and then scroll down and click on "Continue"

<p>Starting point</p>	<p>Inpatient</p>	<p>Other</p>	<p>Referral</p>	<p>Search</p>
<p>Payer selected: Blue Cross Blue Shield of New Mexico</p>	<p>New Inpatient Request Extend Inpatient Inter-plan Inpatient Request</p>			

Inter-plan request process

This page confirms that the request was submitted and provides the tracking ID number for your request.

The request was successfully submitted to Blue Cross Blue Shield of Michigan.

The tracking ID number for this request is 1331.

Note that this means that the request was successfully sent. It does not mean that the request was/will be accepted by Blue Cross Blue Shield of Michigan. Using the tracking ID number provided above, periodically check the Inter-plan Request Status page to track the status of this request.

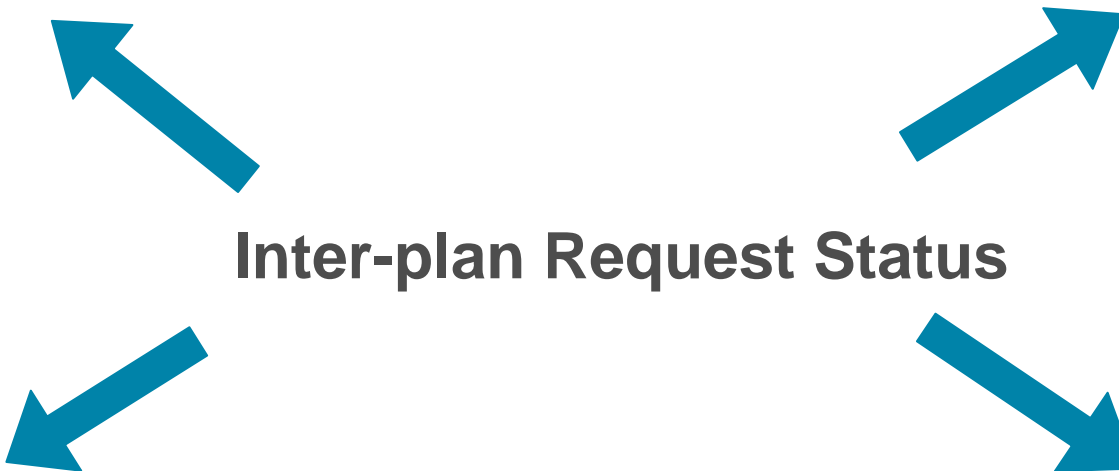
OK

This confirms that your request was sent, and provides a tracking number

Please note: The tracking number is not your preauthorization/precertification number. Your case has not been approved yet. Please use the search feature to check for updates from the other plan.



Inter-plan Request Status



Starting point	Inpatient	Other	Referral	Search
Payer selected: Blue Cross Blue Shield of New Mexico				Treatment search Provider search Member search Treatment update search Inter-plan Request Status

Search instructions

Use this page to perform various searches. Treatment search allows you to view and extend existing referral, inpatient and other requests. Provider search allows you to view detailed information about a provider. Member search allows you to view detailed information about a member. Treatment update search allows you to view treatment updates for providers in your group.

▶ **Treatment search**

Click the **Treatment search** link, above. The Treatment search entry page appears. You can search by treatment range, case ID or request ID for treatment information. After performing a Treatment search you may choose to extend a service.

▶ **Provider search**

Click the **Provider search** link, above. The Provider search entry page appears. You can search by provider ID, provider name or geographic location/specialty for provider information.

▶ **Member search**

Click the **Member search** link, above. A blank Member search entry page appears. You can search by member ID only for member information.

▶ **Treatment update search**

Click the **Treatment update search** link, above. The Treatment update search entry page appears.

▶ **Inter-plan Request Status**

Click the **Inter-plan Request Status** link above. The Inter-plan Request Status page appears. You can view/remove requests that are in progress, were not processed or received a response.

To check status, go to Search menu and choose Inter-plan Request Status

Starting point | **Inpatient** | Other | Referral

Payer selected:
Blue Cross Blue Shield of New Mexico

- Search**
- Treatment search
 - Provider search
 - Member search
 - Treatment update search
 - Inter-plan Request Status

Inter-plan request status

This page provides the status of the Inter-plan requests submitted for members whose home plan is not the local plan (based on the payer selected). When you select a Submitting Provider and click **Submit Search**, the page displays the requests submitted by/for this provider over the past seven days. However, you may view the requests submitted over the past 15, 30, 45 or 60 days using the **Display requests submitted in the past** field and clicking **Submit Search**. To remove one or more items from view, check the box next to the item that you want removed and click **Remove marked items from current view**. To temporarily redisplay the removed items, check the **Include removed items** box and click **Submit Search**.

Submitting provider:

Display requests submitted in the past:

Include removed items (a disabled checkbox in the tables below indicates a removed item)

Submit search

Choose the correct submitting provider from the drop-down, then select the submission day span

In progress				
Submit date	Tracking ID number	Member name	Member health plan	
<input checked="" type="checkbox"/>				

Home plan response received				
Submit date	Tracking ID number	Member name	Member health plan	Status
<input checked="" type="checkbox"/>				

Unable to process			
Submit date	Tracking ID number	Member name	Member health plan
<input checked="" type="checkbox"/>			

[Remove marked items from current view](#)

Cancel

Starting point | **Inpatient** | Other | Referral

Payer selected:
Blue Cross Blue Shield of New Mexico

Search

- Treatment search
- Provider search
- Member search
- Treatment update search
- Inter-plan Request Status

Inter-plan request status

This page provides the status of the Inter-plan requests submitted for members whose home plan is not the local plan (based on the payer selected). When you select a Submitting Provider and click **Submit Search**, the page displays the requests submitted by/for this provider over the past seven days. However, you may view the requests submitted over the past 15, 30, 45 or 60 days using the **Display requests submitted in the past** field and clicking **Submit Search**. To remove one or more items from view, check the box next to the item that you want removed and click **Remove marked items from current view**. To temporarily redisplay the removed items, check the **Include removed items** box and click **Submit Search**.

Submitting provider:

Display requests submitted in the past:

Include removed items (a disabled checkbox in the tables below indicates a removed item)

Inter-plan requests for the selected provider will be displayed and can be matched based on the Tracking ID number

In progress				
<input checked="" type="checkbox"/>	Submit date	Tracking ID number	Member name	Member health plan
<input type="checkbox"/>	06/04/2007	1331	Patient, Test Patient	210 - Blue Cross Blue Shield of Michigan

Home plan response received						
<input checked="" type="checkbox"/>	Submit date	Tracking ID number	Member name	Member health plan	Status	Errors

Unable to process				
<input checked="" type="checkbox"/>	Submit date	Tracking ID number	Member name	Member health plan

[Remove marked items from current view](#)

Adding Comments and Extensions

Adding Comments and Extensions

Adding Comments

- Allows provider users to send additional information via iEXCHANGE to assist the Payer with the review of a pended case
- Available from the **Treatment update details** and **Treatment search details** pages

Extensions (Inpatient)

- Allows providers to request additional days or services for an existing certification
- Available from the **Treatment update details** and **Treatment search details** pages

Extensions

Starting point

Inpatient

Other

Referral

Search

 Payer selected:
**Blue Cross Blue Shield of
 New Mexico**

 New Inpatient
 Request
 Extend Inpatient
 Inter-plan Inpatient
 Request

Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, an inpatient request extension, a new inpatient notification or an inpatient notification extension.

▶ New Inpatient Request

Click the **New Inpatient Request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

▶ Extend Inpatient

Click the **Extend Inpatient** link above. You must use the Treatment search functionality to search for the inpatient treatment you wish to extend. Depending on the payer you have selected, you will be able to submit an Inpatient request extension or an Inpatient notification extension.

▶ Inter-plan Inpatient Request

Click the **Inter-plan Inpatient Request** link above. You must use the Inter-plan request process to submit an Inpatient request for a member whose home plan is not the local plan (based on the payer you have selected). A blank Inter-plan Inpatient request entry page appears. You can add a member ID and all request information for this member.

Select Extend Inpatient

A Note before you begin: if you selected the wrong payer (you want to submit this request to a different payer) click the **Starting point** link above, to return to the Starting point page and select the correct payer.

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's PCP.

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

B Case ID

Case ID

Requesting provider

C Detail Line ID

Detail Line ID

Requesting provider

Search for a member or enter a Case ID to retrieve the case

Detail Line is not used

Treatment search details

This page lists the case you selected including the case ID, member data, and all services. Each service section includes an Extend button. Click **Extend** to add units/providers/dates to the service. Click **Modify case and/or treatment data** to add additional information to the case and/or a treatment.

IEXCHANGE, DEMO PPO

Case ID — 10062-AAAP Status — **Approved**

Member ID	IEXCHANGEDEMOPPO01
Date of birth	04/01/1968
Member age	41
Line of business	PPO
Coverage dates	01/01/2010 —
Group ID	DEMOGP
Group name	PPO DEMO GROUP
Client code description	Texas
Subscriber ID	IEXCHANGEDEMOPP
Subscriber name	IEXCHANGE, DEMO PPO
Primary care physician (PCP)	
PCP ID	
PCP phone	
Release of Information	Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review Org.
	add to comments
Clinical Notes (Pended Cases Only)	

LOS Information	Extend (Request)
Treatment setting	Inpatient Acute
Admit date	03/17/2010
To date	03/20/2010
Disposition	
Length of stay (LOS)	3
Primary diagnosis code	719.90
Primary diagnosis description	UNSPECIFIED DISORDER OF JOINT, SITE UNSPECIFIED
Attending physician	IEXCHANGE, PHYSICIAN

Click on **Extend (Request)** to enter extension information

Inpatient request extension entry

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

Payer notice:

CLINICAL NOTES are not considered or reviewed by the health plan if case is auto-authorized through iEXCHANGE. "More information" explains what transactions cannot be processed by iEXCHANGE.

Transactions for dental, behavioral health
[more information](#)

1 Extension information


Select the submitting provider, extension primary diagnosis, and enter the additional requested length of stay units. You may select a procedure, if applicable. Click **Next step** to continue. iEXCHANGE evaluates your inpatient extension request and displays the Inpatient request extension preview page.

Submitting provider

Extension primary diagnosis

Enter Diagnosis code or Short list
Select from

Attending physician
Select attending physician from the list
or enter or search for (Attending ID Type)

Additional requested LOS units 

Procedure (optional)

Scheduled date (optional) / / (mm/dd/yyyy)

Procedure (optional)

Scheduled . .

Enter required information, including Additional requested LOS units

or enter or
search for
ID

777777777

NPI (Attending ID
Type)

Provider search

**Additional
requested
LOS units**

Procedure
(optional)

**Scheduled
date**
(optional) / / (mm/dd/yyyy)

Procedure
(optional)

**Scheduled
date**
(optional) / / (mm/dd/yyyy)

Procedure
(optional)

**Scheduled
date**
(optional) / / (mm/dd/yyyy)

Additional Comments (optional)

Clinical Notes (Pended Cases Only)

 **Click Next Step**

Inpatient request extension preview

Review your inpatient extension request information here. If everything is correct, click the **Submit** button to save your extension and open the Inpatient request extension confirmation page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of this 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 case and inpatient extension request reference numbers will be assigned when you click **Submit**.

IEXCHANGE, DEMO P Case status — **Authorized**

Inpatient request extension information

Principal service

Status — **Authorized** Edit

Extension LOS units: 1

Admit date: 03/04/2010

To date: 03/07/2010

Primary diagnosis: 285.9 — ANEMIA, UNSPECIFIED

Clinical Notes (Pended Cases Only)

Complete the following Questionnaire to add additional data to your inpatient request. Please note that (!) indicates questionnaires that can affect the status — if you complete the questionnaire you may receive an approval.

Description

Accessed ! Af

Preview Page will display Informational messages along with the expected status of the case

General information

Member name	IEXCHANGE, DEMO P
Submitting provider	IEXCHANGE TEST
Submitting provider NPI	555555555
Address	2400 LAKESIDE
City	RICHARDSON
State	TX
Zip code	75080
Specialty	General Acute Care Hospital
Type	Misc Facility
Facility	IEXCHANGE TEST
Facility NPI	555555555
Address	2400 LAKESIDE
City	RICHARDSON
State	TX
Zip code	75080

The status of this 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 case and inpatient extension request reference numbers will be assigned when you click **Submit**.

IEXCHANGE, DEMO P Case status — **Authorized**

Inpatient request extension information

Principal service
Status — **Authorize** Edit

Extension LOS units 1
 Admit date 03/04/2010
 To date 03/07/2010
 Primary diagnosis 285.9 — ANEMIA, UNSPECIFIED
 Clinical Notes (Pended Cases Only)



General information

Member name	IEXCHANGE, DEMO P
Submitting provider	IEXCHANGE TEST
Submitting provider NPI	555555555
Address	2400 LAKESIDE
City	RICHARDSON
State	TX
Zip code	75080
Specialty	General Acute Care Hospital
Type	Misc Facility
Facility	IEXCHANGE TEST
Facility NPI	555555555
Address	2400 LAKESIDE
City	RICHARDSON
State	TX
Zip code	75080
Specialty	General Acute Care Hospital
Type	Misc Facility

Questionnaire

Complete the following Questionnaire forms to add additional data to your inpatient extension request. Please note that (!) indicates questionnaires that can affect the extension status — if you complete the questionnaire you may receive an approval.

Description

 Accessed  Affects status

Submit



Click Submit to complete the request

- New Inpatient Request
- ▶ Extend Inpatient
- Inter-plan Inpatient Request

 [Print friendly version](#)

Click the Printer Friendly button to print a copy of your request

Inpatient request extension confirmation

This page contains inpatient request extension information including the case ID and status, the member's name and ID, and the extended procedures. The procedure information includes the procedure description, length of stay units, the status of the inpatient request extension and the inpatient request extension reference number.

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

IEXCHANGE, DEMO P Case ID — **10063-AAAH** Status — **Authorized**

Authorize

Detail Line ID — [10063AAAHL001002](#)

Service requested

Extension Detail Line ID — **10063AAAHL001002**

Status — **Authorize**

Extension LOS units	1
Admit date	03/04/2010
To date	03/07/2010
Primary diagnosis	285.9 — ANEMIA, UNSPECIFIED
Facility	IEXCHANGE TEST
Facility NPI	555555555
Clinical Notes (Pended Cases Only)	

General information

Member name	IEXCHANGE, DEMO P
Submitting provider	IEXCHANGE TEST
Submitting provider NPI	555555555

Confirmation screen provides the Case ID and the status of the LOS

Adding Comments

Treatment search details

This page lists the case you selected including the case ID, member data, and all services. Each service section includes an Extend button. Click **Extend** to add units/providers/dates to the service. Click **Modify case and/or treatment data** to add additional information to the case and/or a treatment.

**IEXCHANGE, DEMO
PPO**

Case ID — **10062-AAAR** Status — **Pended**

Member ID	IEXCHANGEDEMOPPO01
Date of birth	04/01/1968
Member age	41
Line of business	PPO
Coverage dates	01/01/2010 —
Group ID	DEMOGP
Group name	PPO DEMO GROUP
Client code description	Texas
Subscriber ID	IEXCHANGEDEMOPP
Subscriber name	IEXCHANGE, DEMO PPO
Primary care physician (PCP)	
PCP ID	
PCP phone	
Release of Information	Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review Org.
	add to comment
Clinical Notes (Pended Cases Only)	

LOS Information

Treatment setting	Inpatient Acute
Admit date	04/01/2010
To date	04/07/2010
Disposition	
Length of stay (LOS)	0
Primary diagnosis code	784.7
Primary diagnosis description	EPISTAXIS
Attending physician	IEXCHANGE, PHYSICIAN

Detail Line ID — 10062AAARL001001

Click Add to comments to provide additional information for pended requests

Edit case

Use this page to edit a case. Once you enter the appropriate information click **Save**. iEXCHANGE will save the updates you have made to the case and returns you to the Treatment search result page. Related case and treatment information is displayed below.

1 Additional case information

Enter additional case information.

Edit information related to case

Clinical Notes (Pended Cases Only)

add additional notes

Save

Enter comments and click Save to update the case

IEXCHANGE, DEMO
PPO

Case ID — 10062-AAAR Status — Pended

Member ID	IEXCHANGEDEMOPPO01
Date of birth	04/01/1968
Member age	41
Line of business	PPO
Coverage dates	01/01/2010 —
Group ID	DEMOGP
Group name	PPO DEMO GROUP
Client code description	Texas
Subscriber ID	IEXCHANGEDEMOPP
Subscriber name	IEXCHANGE, DEMO PPO
Primary care physician (PCP)	
PCP ID	
PCP phone	
Release of Information	Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review Org.
Clinical Notes (Pended Cases Only)	

Treatment Search

- **Allows providers to search and view all requests submitted:**
 - Date range
 - For a specific member
 - For a specific case or service: Case ID search, service ID search
- **Provider can view an updated status, comments from the payer and respond to the payer's comments**

Starting point

Inpatient

Other

Referral

Search

Payer selected:
Blue Cross Blue Shield of New Mexico

- Treatment search
- Provider search
- Member search
- Treatment update search
- Inter-plan Request Status

Search instructions

Use this page to perform various searches. Treatment search allows you to view and extend existing referral, inpatient and other requests. Provider search allows you to view detailed information about a provider. Member search allows you to view detailed information about a member. Treatment update search allows you to view treatment updates for providers in your group.

▶ [Treatment search](#)

Click the **Treatment search** link, above. The Treatment search entry page appears. You can search by treatment range, case ID or request ID for treatment information. After performing a Treatment search you may choose to extend a service.

▶ [Provider search](#)

Click the **Provider search** link, above. The Provider search entry page appears. You can search by provider ID, provider name or geographic location/specialty for provider information.

▶ [Member search](#)

Click the **Member search** link, above. A blank Member search entry page appears. You can search by member ID only for member information.

▶ [Treatment update search](#)

Click the **Treatment update search** link, above. The Treatment update search entry page appears.

Select Treatment Search to check status of previously submitted requests

Note to Administrator: Before you can use this function your doctors must be accepted by the iEXCHANGE Support desk after completing the set up process. If you or your staff are having difficulty using this function, please call 1-800-325-8334.

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's PCP.

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: 12 / 01 / 2009 (mm/dd/yyyy)

End Date: 05 / 01 / 2010 (mm/dd/yyyy)

Search filter: Show Referral, Inpatient and Other treatments

All cases Open cases

Requesting provider: iEXCHANGE Test - HHIEXTEST01000 - 5555555555 -

Member ID optional: Member search

Submit search Cancel

To submit a broad search, enter a Start Date, an End Date, and select a Requesting Provider

B Case ID

Case ID:

Requesting provider: iEXCHANGE Test - HHIEXTEST01000 - 5555555555 -

Submit search Cancel

~~**C Detail Line ID**~~

~~Detail Line ID:~~

~~Requesting provider: iEXCHANGE Test - HHIEXTEST01000 - 5555555555 -~~

~~Submit search Cancel~~

Detail Line is not used

Treatment search summary

This page provides a summary of the treatments that meet the search criteria entered, such as the service, primary diagnosis and the status of the requested treatment. Click **View details** to see more information about the treatment and the ability to extend the treatment dates.

[View all](#) | [View open](#) | [next](#) »

Member	Case ID	Service	Primary diagnosis	Treatment dates	Last detail line status/reason
(D00959984640653601)	10021-AAAE View details	Inpatient request - LOS - LENGTH OF STAY	285.9 - ANEMIA, UNSPECIFIED	01/20/2010 - 01/21/2010	1/1
	10033-AAAM View details	Inpatient request - LOS - LENGTH OF STAY	285.9 - ANEMIA, UNSPECIFIED	02/01/2010 - 02/02/2010	1/1
(CY0016480029041101)	10055-AACH View details	Inpatient request - LOS - LENGTH OF STAY	290.10 - PRESENILE DEMENTIA, UNCOMPLICATED	02/24/2010 - 02/26/2010	1/2
IEXCHANGE, DEMO PPO (IEXCHANGEDEMOPPO01)	10062-AAAP View details	Inpatient request - LOS - LENGTH OF STAY	719.90 - UNSPECIFIED DISORDER OF JOINT, SITE UNSPECIFIED	03/17/2010 - 03/20/2010	1/3
		Inpatient request - ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROS	719.90 - UNSPECIFIED DISORDER OF JOINT, SITE	03/17/2010	N/A
	10062-AAAR View details	Inpatient request - LOS - LENGTH OF STAY	784.7 - EPISTAXIS	04/01/2010 - 04/07/2010	1/6
	10063-AAAA View details	Inpatient request - LOS - LENGTH OF STAY	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,	05/01/2010 - 05/03/2010	1/2
(D08673084780911403)	10034-AAAA View details	Inpatient request - LOS - LENGTH OF STAY	285.9 - ANEMIA, UNSPECIFIED	02/02/2010 - 02/03/2010	1/1
TERM-FUTURE, EFF-TODAY (DBCCUM33333307A07)	09252-AAA2	Inpatient request - LOS -	V77.8 - SCREENING FOR	11/30/2009 -	1/1
	09252-AAA3 View details	Inpatient request - LOS - LENGTH OF STAY	493 - THIS IS AN INVALID ICD-9-CM CODE, 4TH/5TH DIGITS R	12/02/2009 - 12/03/2009	1/1
TERM-FUTURE, EFF-TODAY (ABCCUM33333307A07)	09252-AAA9 View details	Inpatient request - LOS - LENGTH OF STAY	285.9 - ANEMIA, UNSPECIFIED	12/02/2009 - 12/07/2009	1/5

[View all](#) | [View open](#) | [next](#) »

Submitting a search by date range will return cases for multiple members that occurred within the dates provided

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's PCP.

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

03 / 01 / 010 (mm/dd/yyyy)

End Date

05 / 01 / 010 (mm/dd/yyyy)

Search filter

Show Referral, Inpatient and Other treatments ▾

All cases Open cases

Requesting provider

iEXCHANGE Test - HHIEXTEST01000 - 5555555555 - ▾

Member ID

575757575

optional

Submit search

Cancel

B Case ID

Case ID

Requesting provider

iEXCHANGE Test - HHIEXTEST01000 - 5555555555 - ▾

Submit search

Cancel

C Detail Line ID

Detail Line ID

Requesting provider

iEXCHANGE Test - HHIEXTEST01000 - 5555555555 - ▾

Submit search

Cancel

To narrow your search, search for a member or enter a Case ID

Detail Line is not used

Starting point

Inpatient | Other | Referral

Payer selected:
Blue Cross Blue Shield of
New Mexico

Search

- Treatment search
- Provider search
- Member search
- Treatment update search
- Inter-plan Request Status

[Print friendly version](#)

Treatment search summary

This page provides a summary of the treatments that meet the search criteria entered, such as the service, primary diagnosis and the status of the requested treatment. Click **View details** to see more information about the treatment and the ability to extend the treatment dates.

[View all](#) | [View open](#)

Member	Case ID	Service	Primary diagnosis	Treatment dates	Last detail status/rea
IEXCHANGE, DEMO PPO (IEXCHANGEDEMOPPO01)	10062-AAAP	Inpatient request - LOS - LENGTH OF STAY	719.90 - UNSPECIFIED DISORDER OF JOINT, SITE UNSPECIFIED	03/17/2010 - 03/20/2010	1/3
	View details	Inpatient request - ARTHROPLASTY, ACETABULAR	719.90 - UNSPECIFIED DISORDER OF JOINT, SITE	03/17/2010	N/A
	10062-AAAR	Inpatient request - LOS -		04/01/2010	
	View details			05/01/2010 - 05/03/2010	1/2
	10063-AAAA	Inpatient request - LOS - LENGTH OF STAY	250.00 - DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION,		
	View details				

Your search results will only include cases for the specific Member ID or the Case ID that was entered

Click View details for additional information about each case

[View all](#) | [View open](#)

Treatment search details

This page lists the case you selected including the case ID, member data, and all services. Each service section includes an Extend button. Click **Extend** to add units/providers/dates to the service. Click **Modify case and/or treatment data** to add additional information to the case and/or a treatment.

**IEXCHANGE, DEMO
PPO**

Case ID — 10062-AAAR Status — **Pended**

Treatment search details will include current status information on previously submitted requests

Member ID	IEXCHANGEDEMOPPO01
Date of birth	04/01/1968
Member age	41
Line of business	PPO
Coverage dates	01/01/2010 —
Group ID	DEMOGP
Group name	PPO DEMO GROUP
Client code description	Texas
Subscriber ID	IEXCHANGEDEMOPP
Subscriber name	IEXCHANGE, DEMO PPO
Primary care physician (PCP)	
PCP ID	
PCP phone	
Release of Information	Appropriate Release of Info. on File at Health Care Svc. Prov. or at Util. Review Org.
	add to comments
Clinical Notes (Pended Cases Only)	

LOS Information

Treatment setting	Inpatient Acute
Admit date	04/01/2010
To date	04/07/2010
Disposition	
Length of stay (LOS)	0
Primary diagnosis code	784.7
Primary diagnosis description	EPISTAXIS
Attending physician	IEXCHANGE, PHYSICIAN

Detail Line ID — 10062AAARL001001

Patient Clinical Summary

Patient Clinical Summary

Allows provider users to view:

- More complete view of the conditions for which the patient has been treated
- Monitored services for the patient
- Medications that have been filled for the patient
- Treatment opportunities the provider may want to consider

View Patient Clinical Summary:

- Available from **Member search summary** page
- Available from **Member search details** page

Criteria involved to view Patient Clinical Summary:

- Patient Clinical Summary information exists for the member
- BCBSNM has not restricted the Member's Patient Clinical Summary information
- The member is eligible (coverage is active)

Starting point | **Inpatient** | Other | Referral

Payer selected:
Blue Cross Blue Shield of New Mexico

Search

- Treatment search
- Provider search
- ▶ **Member search**
- Treatment update search
- Inter-plan Request Status

Member search result

Use this page to **Select** a specific member from a subscriber group. Click **View details** to see individual member records. Click **New search** if you would like to search for a different member.

You must view existing cases for a member prior to selecting the member.

	Member ID	Member name	Date of Birth	Relation
View details View existing cases View Patient Clinical Summary	iEXCHANGEDEMOPPO	Demo	01/01/2008	Subscriber

Click [View Patient Clinical Summary](#) to view available information



Patient Clinical Summary

Patient Summary

Display Information: This data includes name, address and basic demographic information about the member, as well as the member's PCP name and number.

Source: Membership files from BCBSNM.

Patient Summary

Name: John Doe

Address: 123 Main Street
Anytown, USA

PCP: John Smith

ID: ABC123456789

DOB: 01/01/2008

Gender: M

PCP ID: 1234567890

Eligibility: 01/01/2008

Phone (H):

Phone (W):

PCP Phone: 999-999-9999

Patient Clinical Summary

Medical Conditions

Display Information: Medical conditions for which the patient has been treated.

With each condition, a severity (Low, Moderate or High) is also displayed. The severity is based on the diagnosis code recorded in claims. For example, diabetes with a diagnosis code of 250.00 is less severe than a diabetes diagnosis code of 250.10. The severity of the condition also takes into consideration any co-morbid conditions and the number of hospitalizations associated with the condition.

Timeframe: “Acute” conditions for the past 12 months and “Chronic” conditions for the past 24 months

Source: Monthly paid claims files from BCBSNM.

Filters: Behavioral Health/ HIV conditions not included in accordance with state regulations.

Medical Conditions

High Severity

Condition

DIABETES MELLITUS

Medium Severity

Patient Clinical Summary

Inpatient Facility Admissions

Display Information: This section will display any inpatient admissions, including admit and discharge date as well as the principal diagnosis associated with the LOS. Information is sorted by date of service with the most recent service appearing first.

Timeframe: Includes hospital admissions in the past 12 months

Source: Monthly paid claims files from BCBSNM.

Filters: Behavioral Health / HIV conditions not included in accordance with state regulations.

Inpatient Facility Admissions:

Facility	Admit date	Disch. Date	Days	Principal DX
Medical Center	01/01/2010	01/03/2010	2	789.00– Abdominal Pain Un.

Patient Clinical Summary

Emergency Room Visits

Display Information: Provides the number of ER visits for the patient. If the visit results in an admission, the information will be displayed in the Inpatient facility admissions section.

Timeframe: Includes ER visits for the past 12 months

Source: Monthly paid claims files from BCBSNM.

Filters: Behavioral Health / HIV conditions not included in accordance with state regulations.

Emergency Room Visits

PATIENT HAS HAD 2 EMERGENCY ROOM VISITS IN THE PAST 12 MONTHS

Patient Clinical Summary

Monitored Services

Display Information: Presents a list of lab, radiology and professional services, along with the last service date, the most recent servicing provider and that provider's phone number. Information is sorted by date of service with the most recent service appearing first.

Timeframe: Includes services for the past 12 months.

Source: Monthly paid claims files from BCBSNM.

Filters: Behavioral Health / HIV conditions not included in accordance with state regulations.

Monitored Services

Service	# of services	Last service	Most recent servicing	Phone#
Hemoglobin	3	01/01/2010	John Smith	999-999-9999
Glucose Testing	5	01/01/2010	John Smith	999-999-9999
Surgical Pathology	1	01/01/2010	John Smith	999-999-9999

Patient Clinical Summary

Medications

Display Information: Lists the medications based on the USC code and description, and includes the total number of fills along with the last fill date. Medication class is based on Redbook Therapeutic Class groupings.

Timeframe: Includes medications for the past 12 months.

Source: Monthly paid claims files from BCBSNM.

Filters: Behavioral Health / HIV conditions not included in accordance with state regulations.

Medications

Medication class	# fills	Last fill date
CARVEDILOL/COREG	3	04/01/2010
INSULIN – HUMAN	3	04/01/2010

Patient Clinical Summary

Providers Seen

Display Information: Lists all the providers the patient has seen and includes the provider specialty, phone number and last service date. Information is sorted by date of service with the most recent service appearing first.

Timeframe: Includes provider visits for the past 12 months.

Source: Monthly paid claims files from BCBSNM.

Filters: Behavioral Health / HIV conditions not included in accordance with state regulations.

Providers Seen

Provider name	Specialty	Phone#	Last Service Date
John Smith	Pediatric Cardiology	999-999-9999	01/01/2010

Patient Clinical Summary

Clinical Flags

Display Information: Identifies any potential Treatment Opportunities and Preventative Health and Wellness flags. Lists any identified gaps in care for the patient.

Timeframe: Past 12 months

Source: Monthly paid claims files from BCBSNM.

Filters: Behavioral Health / HIV conditions not included in accordance with state regulations.

Clinical Flags

Case Findings:

Diabetes with a hospital admission in the past year

Treatment Opportunities:

Diabetes and no LDL level in past year

Preventive Health & Wellness:

No preventive screenings in the past year

iEXCHANGE Support Desk

Monday through Friday

8 am – 5 pm MT

1-800-325-8334

nmiexchangehelpdesk@bcbsnm.com

Questions?