

- > The IVT Worklist contains appointments that require Pre Certification AND/OR Insurance Verification.
  - These actions are at the Order level; therefore, if at least 1 exam requires an action, then all exams for that Order will be listed in the WL. As soon as the exam that is requiring an action is complete, all other exams associated with that Order will be removed from the WL.
- > To access this Worklist, select Administration>IVT WL Administration Scheduling Front Desk Technologie



- The WL can be filtered and sorted many ways.
  - For Filters, reference your "Creating a Worklist View" job aide.
  - To Sort a Column, click in the column header (Grey Box).
    - To change the sorting of a column from Ascending to Descending order, click again. (The example below show the Scheduled Date column is sorted. This is identified by a small arrow.)

| Flags | Status | Procedures | ScheduÎed Date 📈 | Referring | Sedation | First Name | Last Name | MRN | Room | Accession # | Exam STAT |
|-------|--------|------------|------------------|-----------|----------|------------|-----------|-----|------|-------------|-----------|
| Y     | Y      | Ŷ          | Ą                | Y         | $\nabla$ | Ŷ          | Ŷ         | Ŷ   | Y    | Ŷ           | Y         |

- Records that are populated here, again, are for Pre Certification AND/OR Insurance verification. Columns will display that status of each when required.
  - Blank Does not require action.
  - Required Indicates that action is needed.
  - Approved Indicates that action is done and Approved.
  - Pending Response Action started but not yet completed.
  - Denied Denied.
- > To select an exam from the WL, you can simply DOUBLE CLICK on that exam record.



View only access to the patient demographics



| IVT WL (467)  |  |
|---|--|
| Patient Insurance Verification PreCert Order \ Exam Attachments   |  |
| Insurance Policies  | Billing Method   |
| Note         Carrier Code         Carrier Name         Policy #         Group Name         Group Number         Phone           D         0307         BCBS MD HMO         CIP843057824         90030         Prima | Priority     (Bill to insurance)       ary     04-09-13 LambdinJ - |
|   |  |
|   | Insurance verified Amount to collect                               |
| Verification and PreCert Notes Order Notes  |  |
| 04-09-13 LambdinJ - 04-09-13 LambdinJ -   | DT DIABETIC, NO KD, NO ALLERGIES, PLEASE CALL PT FOR SOONER        |
| Аррт  |  |
| Billing Code Information           ABN         PreCert #         Expiry Date         PreCert Status         Billing Code         Active   |  |
| <ul> <li>Procedure: CT Abdomen and Pelvis W (CT402)</li> </ul>  |  |
| P Required (72193) COMPU Y  |  |
| Required (74160) COMPU Y  |  |
| Required (Q9967) LOW O Y  |  |
|   |  |
| Show previous precert and CPT codes   |  |
|   | Save Close   |

- 1. Insurance Information
  - a. Displays the insurances picked by Scheduling.
- 2. Insurance Verified
  - a. If required, the check box will be active. To Approve this action and mark the insurance as Verified, click the check box.
- 3. Amount to Collect



- a. If during the verification process it's known that the patient has a co-pay or deductible that should be collected at the time of Registration, you have the ability to enter that amount here.
- 4. Verification and Pre-Cert Notes
  - a. This is where you have the ability to document notes pertaining to Verification and Pre Certification.
- 5. Order Notes
  - a. This is where you can see the notes entered during Scheduling.
- 6. Billing Code Information
  - a. Will display the CPT(s) for the exam along with the Pre-Cert status.
- Manage Policies
  - Select Manage Policies This is where you have the ability to verify or enter insurances for the patient/exam.
    - If the patient is a return patient, previously used insurances will display. To use 1 or more insurances currently listed, click the USE check box next to the insurance.
    - To add insurance, enter the name and click Search.
      - Show Inactive Policies will display insurances that were once entered, but since marked as Inactive.
    - Policy Number, Group Number (if applicable) and Subscriber information is required. Injury details are required if the insurance is a Workers Comp, Auto carrier or Attorney.
    - After all insurances (and details) have been entered and the USE checkbox clicked, click OK in the Manage Policies window.

| R Patient Ins      | urance Policies                |                    |                |            | 23                              |  |  |  |  |
|--------------------|--------------------------------|--------------------|----------------|------------|---------------------------------|--|--|--|--|
| Policies:          |                                |                    |                |            |                                 |  |  |  |  |
| Use                | Carrier                        | Policy Number      | Group Number   | Group Name | Expired                         |  |  |  |  |
| D 🔽 (2             | 2904001) UNITED HEALTHCARE HMO | 1033751501         |                |            |                                 |  |  |  |  |
| Click her          | e to add a new row             |                    |                |            |                                 |  |  |  |  |
|                    | New insurances can be adde     | ed if necessary    |                |            | surances can<br>ed if incorrect |  |  |  |  |
| Show <u>E</u> xpir | ed Policies                    |                    |                |            |                                 |  |  |  |  |
| Policy Holder      | Information                    | Injury Details     | Injury Details |            |                                 |  |  |  |  |
| Relation:          | Self                           | Claim Number:      |                | Unknow     | wn Claim Number                 |  |  |  |  |
| First Name:        |                                | Injury Date:       | mm-dd-yyyy     | Source:    |                                 |  |  |  |  |
| Last Name:         |                                | ▼ City:            |                | Employer   |                                 |  |  |  |  |
| Birth Date:        | 11-02-1957                     | State:             |                |            |                                 |  |  |  |  |
|                    | Same as Patient                | Adjustor First Nar | ne:            | Adjustor F | Phone Number: 0 -               |  |  |  |  |
| Address 1:         | 923 EAST 38 STREET State: NY   | Adjustor Last Nan  | ne:            |            | ( <u> </u>                      |  |  |  |  |
| Address 2:         | BROOKLYN                       |                    |                |            |                                 |  |  |  |  |
| City:              | BROOKLIN                       |                    |                |            |                                 |  |  |  |  |
|                    |                                | Policy holde       | er information |            | OK Cancel                       |  |  |  |  |



#### Pre-Certification

• If required, enter the Pre Cert number in the field for that CPT. You can also enter an Expiration data and/or change the status from Required to the appropriate status; Approved, Pending Response, Denied, etc.

| Bil    | ling Code l                   | nformation     |                          |             |   |               |            |   |                |
|--------|-------------------------------|----------------|--------------------------|-------------|---|---------------|------------|---|----------------|
|        |                               | ABN            | PreCert                  | # E         | cpiry Date  | PreCert Statu | s          |   | Billin         |
|        | <ul> <li>Proce</li> </ul>     | dure: MA Digi  | tal Screening N          | lammo W CAD | (G0202)   |               |            |   |                |
| D      |                               |                |                          |             |   | Not Rec       |            | t # and Expiry<br>ed in these fie               |                |
| Billin | ng Code Infor<br>AE           |                | PreCert #                | Expiry Date | PreCert Sta   | tus           |            |   |                |
| I      | <ul> <li>Procedure</li> </ul> | e: CT Chest WO | (71250)                  |             | Required  | ▼ (71250) CO  | IPUTED TOM |   |                |
|        |                               |                | tus can be<br>ig dropdov |             | Required<br>Approved<br>Pending Resp<br>Letter of inter<br>Denied<br>Not Required | nt            |            | Insurance Verificati<br>Contains: a<br>Approved | on Status C Al |

- After completing the record, click Save.
  - When all criteria required for this record is complete, the record will fall off the IVT Worklist.