

- > 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	Ŷ	Y	Å	7	7 Y	Ŷ	Ŷ	Ŷ	Y	Ŷ	Ŷ

- 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



VT 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 -
Manage Policies Verification REQUIRED	Insurance verified Amount to collect
Verification and PreCert Notes Order Notes	
04-09-13 LambdinJ - 04-09-13 LambdinJ -	
ABN PreCert # Expiry Date PreCert Status Billing Code Active	
 Procedure: CT Abdomen and Pelvis W (CT402) 	
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	Relationt Insurance Policies									
Policies:	Policies:									
Use	Carrier	Policy Number	Group Number	Group Name	Name Expired					
D 🔽 (2	2904001) UNITED HEALTHCARE HMO	1033751501	1033751501							
Click her	3 Click here to add a new row									
	New insurances can be added if necessary									
Show <u>E</u> xpir	Show Expired Policies									
Policy Holder	Information									
Relation:	Self	Claim Number:		wn Claim Number						
First Name:	MICHELE Middle:	Injury Date:	mm-dd-yyyy	Source:						
Last Name:	RAPHAELNEPTUNE Gender: Female	▼ 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:										
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.

Bi	llin	g Code Information										
		ABN PreCert # Ex		piry Date	PreCert Status	5						
	 Procedure: MA Digital Screening Mammo W CAD (G0202) 											
D		Not Rec Not Rec Not Rec Not Rec										
Billi	Gode Information											
		ABN	PreCert #	Expiry Date	PreCert Stat	us						
	^	Procedure: CT Chest W	O (71250)									
I					Required	▼ (71250) COM	IPUTED TOM					
	PreCert Status can be changed using dropdown					bonse t		Insurance Veri Contains: a Approved	fication Status			

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