

MedCommunity Reference Guide:

Submitting a Change of Condition

Step 1 – Begin on My Dashboard to Search fo	or Service Authorization:
MedCommunity Dashboard	। 👌 Notices 🖽 Waiting Room 🏠 🗘 Recent + New 🙎 🔍
	Member Search
Service Authorizations	Or Last Name
All Last 30 Days All Open Withdrawn Medicare Reopen Dismissed Closed Filter 2213853505 Clear	Date Of Birth mm / dd / yyyy
Auth Number Member Name Member ID Authorization Status Auth Category Auth Type TPA/Carrier Status Datail Received Data Adm/tEffective Data 213053505 FN7931 UA232791 SMI03711977 Open Emergency Inpatient Initial Clinical Review May 18, 2022 May 13, 2022	الله Inbox

- Under the Service Authorization tab on My Dashboard, click Submitted. (1)
- Use the filter field (2) to search by name or Service Authorization number.
- Click Auth Number blue hyperlink (3) to open Service Authorization screen.

Step 2 – Locate Service Auth Line to Add Change of Condition: munity යි Dashboard C Recent Q Notices II V iting Room 🛛 🏠 FN7931 LN232791 *a* 443-520-3141 : SMID3711977 Service Authorization + Back / Edit ٩ Health 360 ₿ 5/18/22, 8:49 AM Open 5/18/22, 7:49 J Demographics LOB Fully Insi Effective Jan 1, 20 May 13, 2022 Aars Electri 2 Utilization Mar Show More 🖸 Providers (3) Diagnoses (1) Service Lines (1) Total Red Day 0120 / Two bed general classifi. Denied JETROHEALTH MEDICA 00 001 Сор

- Locate the Room & Board Service Line that displays "Denied" under the Status column. (1)
- Click blue Copy under Action column (2) to arrive on Service Auth Line Details screen.

Step 3 – Complete Fields for Change of Condition Request:

Med	Sommunity					ର Dash	board	Waiting Ro	om 🚖 🗭 Rec	cent + New	<u>ع</u>
FL	FN7931 LN232791 Ø 443-520-3141 ID: SMID3711977	Demographics DOII: Apr 25, 1991 (31y) Eff Date: Jan 1, 2020 Gender: Mail Line Of Business: Fully Insured - Commercial Plan Term Date: N/A									
•		Authorization Number External Identifier 2213853505 N/A	5/18/22, 8:49 AM Ing	uth Type patient	Authorization Status Open	Status Date 5/18/22, 7:49 AM	Priority Emergency	Next Review Date N/A	Case Due Date N/A	Case Owner Lori Szorady	٩
	Health 360	Admit/Effective Date Discharge Date May 13, 2022 N/A	LOB Pla Fully Insured - Commerci Ma al		Effective Date Jan 1, 2020	Term Date N/A	Funding Indicator Fully Insured				
ð	Demographics			6							
<u></u>	Insurance	Service Auth Line Details)				_			Back Save	
-	Utilization Management 🔺	Line Number	* Request Received On		* Request Received Time		Request Type		Priority		
	Service Auth	N/A	05 / 18 / 2022		08 : 45 AN		Concurrent	٥	Expedited/Urgent	¢	
幣	Care Team	Place of Service Inpatient Hospital					•				
	3	* Requestor-Contact Name Sally	* Contact Phone +1 (216) 555-1234		Requestor Faxback +1					4	
		Providers (3)									

- This screen will display a copy of your original Service Authorization request.
 - Note: Page Resources are not available to access until this screen is saved. (1)
- Change Request Received On and Request Received Time fields (2) to reflect today's date/time.
 - Note: Typing Shift+T on your keyboard will auto complete the Request Received On and Request Received Time fields.
- Change Requestor-Contact Name fields (3) *only* if contact person is different from the original contact person.
- Scroll down to Providers tab, click caret to open tab. (4)

Line Number	_	uest Received On		* Request Received		* Request Type Concurrent	\$	* Priority Expedited/Urge	nt
		05 / 18 / 20		<u> </u>	AW	concurrent	•	Expedited/orge	in.
* Place of Service									
* Requestor-Cor	ntact Name * Cont	tact Phone		Requestor Faxbac					
Sally	+	1 (216) 555-123	4	+1					
Provide	Provider Name	Source Provider ID	Provider Type	Provider Id	Specialty	Provider Contract: Par Status	Benefit Level		IOQ Requestin
	METROHEALTH MEDICAL CENTER	346004382530	Servicing/Requesting	346004382530	ACUTE CARE FACILITY		- Select -	\$	Y

- Under the Providers tab, assure that all boxes are checked for Providers associated with this Service Authorization. (5)
- Click "Save" (6) to create a new service line.

MedC	tommunity	😡 Dashboard 🛛 🖧 Notices 🖉 Waiting Rc 🔽 🔽 Savedt 💌
FL	FN7931 LN232791 443-520-3141 SMID3711977	nographis
•		vorization Number External Identifier Date Received Auth Type Authorization Status Status Date Priority Next Review Date Case Due Date Case Owner
\$	Health 360	NUTRective Date Dickharge Date LOB Plan Effective Date Term Date Funding Indicator 13, 2022 N/A Fully Insured - Commerci Mars Electric Jan 1, 2020 N/A Fully Insured
ð	Demographics	
Ŷ	Insurance	vice Auth Line Details 🔸 Back 🔒 Save 👔 🔮
Θ	Utilization Management 🔺	Number Received Time * Request Type * Priority
	Service Auth	2 Kote: Line Number populates : 45 AM Concurrent * Expedited/Urgent *
榕	Care Team	a of service Auth Line has been spatient Hospital
		uestor-Contact Name * Contact Phone Reguestor Faback ally +1 (216) 555-1234 +1
		Providers (3)
Charles and the	9 -	ocedure/Service Details
-		mergency •
-		cedure Code Type * Procedure Code Procedure Description
		tevenue Code • 0120 Clear Q Two bed semi-private room & board g

- A pop-up notification (7) will appear indicating that the Change of Condition service line has been added.
 - Note: After saving Change of Condition screen, Page Resources will populate with Documents, Call Log and Tasks icons. (8)
- Scroll down to Procedure/Service Details section. (9)

Authorization Number 2213853505	External Identifier N/A	Date Received 5/18/22, 8:49 AM	Auth Type Inpatient	Authorization Status Open	Status Date 5/18/22, 7:49 AM	Priority Emergency	Next Review Date N/A	Case Due Date N/A	Case Owner Lori Szorady	
Admit/Effective Date May 13, 2022	Discharge Date N/A	LOB Fully Insured - Commerci al	Plan Mars Electric	Effective Date Jan 1, 2020	Term Date N/A	Funding Indicator Fully Insured			14	
Service Auth I	Line Details)						(🗲 Back 🖬 Save	:
Line Number		* Request Received On		* Request Received Time		* Request Type		* Priority		
002		05 / 18 / 2	022 📋	08 : 45 AI	vi I	Concurrent	÷	Expedited/Urgen	t 🗢	
* Place of Service										
Inpatient Hospital	\$									
* Requestor-Contact Name	2	* Contact Phone		Requestor Faxback						
Sally		+1 (216) 555-123	34	+1						
Providers (3) Procedure/Serv	ice Details	•							~	_
* Service Type										
Emergency	\$			_						
* Procedure Code Type		* Procedure Code		Procedure Descrip						
Revenue Code	\$	0120	Clear Q	Two bed semi-	private room & boa	ird g				
* Request Start Date 05 / 13 / 2	2022									
* Comments		llowed by relevant Chan								_

- Service Type (10): Auto-populates -> DO NOT EDIT
- Procedure Code Type/Code (11): Auto-populates -> DO NOT EDIT REVENUE CODE
 - Note: To add a new medical/surgical procedure, see "Adding New CPT Code to a Change of Condition Request" beginning on page 6.
- Request Start Date (12): Auto-populates -> Change date to:
 If DRG: Field auto-populates with Admit Date -> DO NOT EDIT
 - If non-DRG: Field auto-populates with Admit Date -> enter the first NON-COVERED date
- Comments (13): Auto-populates with comments from the previous Service Authorization submitted.
 - Delete original comments and type "Change of Condition Request" followed with relevant clinical documentation.
 - Type or copy/paste relevant Change of Condition clinical update information.
 - Note: Updated clinical information may be added to the Comments section and/or attached on the Documents tab.
 - If the clinical information will be attached only, please type "Change of Condition - See Attachments" in the Comments section.
 - See Step #4 to attach documents to the Continued Stay request.
- Scroll to top of screen to click "Save". (14)

Adding New CPT Code to a Change of Condition Request:

Service Auth Line Details		< (1 of 2) >		← Back Save :
Service Auth Line Number	* Request Received On	* Request Received Time	* Request Type	* Priority
001	05 / 18 / 2022	07 : 49 AM	Concurrent \$	Expedited/Urgent +
* Place of Service	Patient Control Number	Change In Handling		
Inpatient Hospital 🗘		- Select -		
* Requestor-Contact Name/Other Line Info	* Contact Phone	Requestor Faxback		
Sally	+1 (216) 555-1234	+ 1		
Providers (3)				~
Procedure/Service Details				
* Service Type Emergency +				
* Procedure Code Type	* Procedure Code	Procedure Description		
Revenue Code 🗢	0120 Clear	C Two bed semi-private room & boa	ard g	
GLOS/LN#				
* Request Start Date				
05 / 13 / 2022				
* Comments				
Relevant clinical documentation is add	ded here.			1
				Save and Copy

• Click Save and Copy (1) to add a Procedure Code.

Procedure/Service Details * Service Type	
Emergency 🗢	2
* Procedure Code Type CPT Procedure Codes	Procedure Code Provide Description Sield Required
* Request Start Date	
05 / 02 / 2022	

- Use dropdown menu to populate CPT Procedure Code in the Procedure Code Type field
- In the Procedure Code field:
 - Free type procedure code if known. (2)
 - If procedure code is unknown, click on the magnifying glass to search for a procedure code. (3)

To Search for Procedures:

CPT QUERY		
If you enter a Procedure Code or Procedure Descript Procedure Type CPT Procedure Codes Service Group Code	on you cannot search for a Service Group. If you Procedure Code Service Group Name	enter 5 trice Group we serve to such to Brood we Forder Procedure Description. Use the Clear button if you need to remove a value from any field. Pescription intubation 4 5
		Close Clear Search

- In the Description field, type an asterisk (*) followed by the procedure description. (4)
- Click Search (5) to view CPT code list.

	CPT QUERY Procedure Code	Procedure Coc 🔿 7	DrgGlos	DrgGAlos	DrgRelWts	DrgMdc
	31615	TRACHEOBRNCHSC THRU EST TRACHS INC				
	31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION				
6	31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION				
°	31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX				
	31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH				
	31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS				
					ltems per page: 50	1-6 of 6 < >
						Close Back to Search

- Note: If the list displays multiple results, click the blue hyperlink (6) on the correct procedure.
- Note: You can use the sort arrows (7) next to the column headers to sort list by preference.
- After entering procedure(s), scroll to top of the Service Auth Line Details screen to click "Save".

Med	Community						ລ	Dashboard	Notices 📕 Waiting	Room 🛱 🧹 Saved!	×
FL	FN7931 LN232791 9 443-520-3141 1D: SMID3711977	Demographics DOB: Apr 25, 1991 (31y) Eff Date: Jan 1, 2020 Gender: Male Line Of Business: Fully Ins Plan Term Date: N/A	ured - Commercial					9			
		Authorization Number 2213853505	External Identifier	Date Received 5/18/22, 8:49 AM	Auth Type Inpatient	Authorization Status Open	Status Date 5/18/22, 7:49 AM	Priority Emergency	Next Review Date	Page Resources	Þ
*	Health 360	Case Due Date N/A	Case Owner Lori Szorady	Admit/Effective Date May 13, 2022	Discharge Date	LOB Fully Insured - Commerci	Plan	Effective Date Jan 1, 2020	Term Date		
ð	Demographics	Funding Indicator				al				Documents (0)	+
Ŷ	Insurance	Fully Insured								No Records found	
٠	Utilization Management 🔺	Service Auth	Line Details						← Back 🖬 Save 🗄	් Call Log (0)	
	Service Auth	Line Number		* Request Received On		* Request Received Time		* Request Type		No Records found	
幣	Care Team	002		05 / 18 /	2022	08 : 45 A	M	Concurrent	÷		
		* Priority		* Place of Service						🗹 Tasks (0)	
		Expedited/Urgen	t 🕈	Inpatient Hospit	al 🕈					No Records found	

- A pop-up notification (8) will appear indicating that the information added to the Change of Condition service line has been saved.
 - To upload/attach clinical documentation (optional) -> see step #4
 - If Change of Condition request is completed -> click icon to return to My Dashboard (9)

Step 4 – Optional - Upload Documents:

	Page Resources	₽
☆	Documents (0)	<u> </u>
	No Records found	🗄 Attach File 🙎
		🗘 Copy From
	🖉 Call Log (0)	💷 Merge & Send
	No Records found	🕼 Send Support Materials

- To upload a document to support the Change of Condition request, click Documents + icon (1) to add relevant clinical information.
 - Note: Relevant clinical documentation is required to support the Change of Condition request. Please only send information that is relevant to your submission. Sending extra information may cause a delay in processing your request.
- Click "Attach File" (2) to open Upload File screen.



- When the pop-up window appears, click "Choose File". (3)
- Locate the file and click "Upload" (4) to add file/document.

Med	Community					ര	Dashboard	Notices 🛛 🗮 Waiting f	7 √ Saved! ×
FL	FN7931 LN232791 & 443-520-3141 ID: SMID3711977	Demographics DOB: Apr 25, 1991 (31y) Eff Date: Jan 1, 2020 Gender: Mail Line Of Business: Fully Insured - Commercial Plan Term Date: N/A							
		Authorization Number External Identifier 2213853505 N/A		Auth Type Inpatient	Authorization Status Open	Status Date 5/18/22, 7:49 AM	Priority Emergency	Next Review Date N/A	Page Resources
•	Health 360	Case Due Date Case Owner N/A Lori Szorady		Discharge Date N/A	LOB Fully Insured - Commerci	Plan Mars Electric	Effective Date Jan 1, 2020	Term Date N/A	Documents (1)
ð	Demographics	Funding Indicator			al			M '	Attachments (1)
\$	Insurance	Fully insured						_	Change of Condition Clinical Notes.do
0	Utilization Management 🔺	Service Auth Line Details					6	← Back 🖬 Save 🗄	view view
	Service Auth	Line Number	* Request Received On		• Request Received Time		* Request Type		∂ Call Log (0)
嚮	Care Team	002	05 / 18 / 2	022	08 : 45 A	M	Concurrent	\$	No Records found
		• Priority Expedited/Urgent •	Place of Service Inpatient Hospital	٥					🖄 Tasks (0)
		Requestor-Contact Name Sally	Contact Phone +1 (216) 555-123	34	Requestor Faxback +1				No Records found

- **Note:** Newly attached clinical file/document displays under Documents in Page Resources section. (5)
- Click "Save" to submit the Change of Condition request, then click "Back" to return to the Service Authorization screen. (6)
 - A pop-up notification (7) will appear indicating that the Change of Condition service line has been updated and submitted.

Med	Community						10 ක Das	hboard	ces 🔳 Waiting F	Room 🟠 🗭	Recent + New	~ <u>8</u>	Q
FL	FN7931 LN232791 9 443-520-3141 1D: SMID3711977	Demographics DOB: Apr 25, 1991 (31y) Eff Date: Jan 1, 2020 Gender: Male Line Of Business: Fully Inst Plan Term Date: N/A	ured - Commercial										
•		Service Autho	orization								+ Back	dit I	4
ð	Health 360 Demographics	Authorization Number 2213853505 Admit/Effective Date May 13, 2022	External Identifier N/A Discharge Date N/A	Date Received 5/18/22, 8:49 AM LOB Fully Insured -	Auth Type Inpatient Plan Mars Electric	Authorization Status Open Effective Date Jan 1, 2020	Status Date 5/18/22, 7:49 AM Term Date N/A	Priority Emergency Funding Indicator Fully Insured	Next Review Date N/A	Case Due Date N/A	Case Owner Lori Szorady		
0	Insurance Utilization Management Service Auth	Commercial Show More ()										Ē	
	Care Team	Providers (3) Diagnoses (1)										✓ + ✓ +	
in.		Service Lines (2	2)		Total Bed D	ay Quantity: 0.00 To	otal Requested Quantit	ty: 0.00 Total Ap	proved Quantity: 0.00	Total Denied	Quantity: 0.00	~ +	
S		Request Start Line Date Numl 5/13/22, 8:00 DM	Requested	Approved End Date		Modifier / Description semi-private room & board	Status Provider Denied METROHEAL	TH MEDICAL CENTER, Ge	s neric Professional, In	lace of Service ervice Type apatient Emerger	9	opy	
S	8	5/13/22, 8:00 PM 002			0120 / Two bed s general classifi	semi-private room & board	METROHEAL SUBHAN AH	TH MEDICAL CENTER, Gei IMAD, MD		opatient Emerger	ncy (5/18/22) c	ору	

- On the Service Authorization screen, the Change of Condition service line that was added displays. (8)
 - Note: The Inserted Date (9) reflects the date the Change of Condition request was submitted.
- Click Dashboard icon (10) in the global navigation bar to return to My Dashboard.