Summary

This guide shows the steps to request an inpatient pre-admission review for IHRP 2.0.
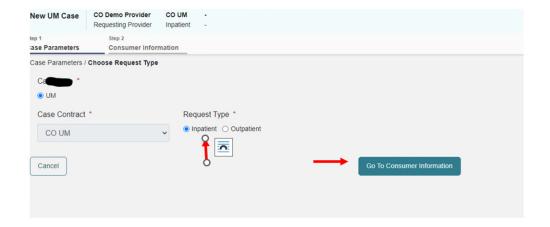
1. Create Case

Click on **Create Case** on the top ribbon. This will show all requests that have been saved but not submitted. Scroll to the bottom of the page and click **Create Case.**

2. Case Parameters

CO UM should auto-populate. If not, then select it. Then select Inpatient and click on **Go to Consumer Information.**

3. Consumer Information

Place the member's ID in the box or the member's last name and date of birth and select **Search.**

4. Consumer Information

Select **Choose** next to the member's information. If the member does not have a Medicaid ID click on **Add temporary consumer.** This will populate a new field where you will enter the member's demographics.

5. Provider/Facility

Verify NPI and Medicaid ID numbers of the Requesting Provider. The Facility will default to the Requesting Provider. If this is different, click on **Update.** Here you can also **Add Attending Physician.** This is not required but recommended. Then select **Go to Service Details.**

6. Service Details
Complete all fields in this area, including admission source, admit date, place of service and service type. Service Type will be 374 – Inpatient Hospital Review Program (IHRP). Then click on **Go to Diagnoses.**
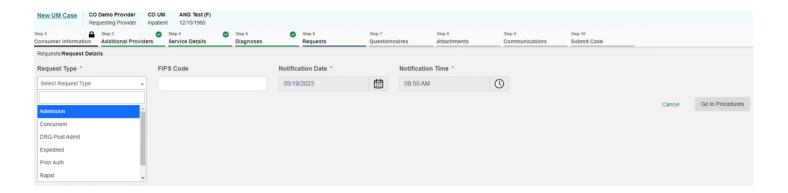

7. Add Diagnosis
Select **Code Type** and choose ICD10 and then **Search** diagnosis. You can either put in a code number or search by name. Once you have entered all diagnoses select **Go to Requests.**

8.Requests
From the **Request Type** dropdown, select Admission and then click **Go to Procedures.**

9. Procedures
Here you will need to fill out the **LOS** (length of stay) box. Enter requested start date, requested end date, and requested duration. You will then select **Code Type** ICD10 and search for the correct code. You will need to fill out the requested start date, end date, duration, and requested quantity (which should = 1). Then click on **Go to Questionnaires.**

10. Questionnaires
Complete the Questionnaire and then click on **Mark as Complete**.
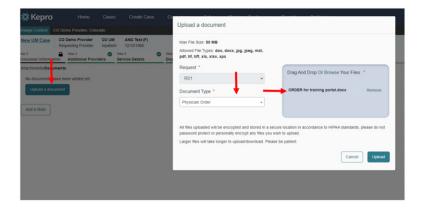

11. Attachments
Once you have completed the questionnaire click on **Go to Attachments.**

12. Upload a Document
Click on **Upload a Document.** The document box will then pop up. Select **Document Type** and then browse your files or drag and drop the document into the case and click **Upload.**

13. Jump to Submit
Here you can either **Jump to Submit** or **Go to Communications** if you have any notes you would like to place in the request.

Request △	File Name ⇕	Document Type ⇕	Uploaded On ⇕	Action
R01	🔲 ORDER for training p....docx	Physician Order	5/12/2023 6:30:44 PM	Remove
Showing 10 ▾ of 1				Previous Page 1 of 1 Next

Add a Note   Jump to Submit   Cancel   Go to Communications

14. Verify Information
Review that each section is completed and then click on **Submit.**

14. Disclaimer
Read the disclaimer and click **Agree.**

Disclaimer

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

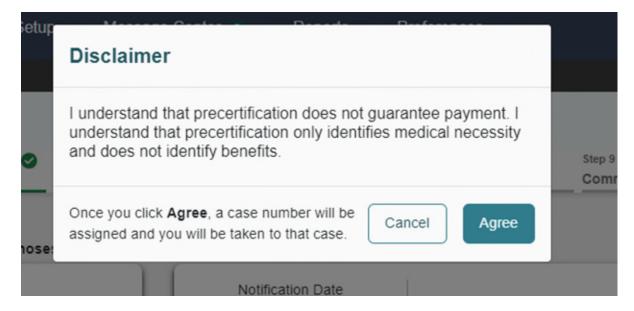Once you click **Agree**, a case number will be assigned and you will be taken to that case.

Cancel | Agree

15. Submitted

The case is now submitted for review. Make note of the Case ID for your records.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
ANG TEST	F	12/15/1960 (62 Yrs)	TEMP001982021011200000	Colorado

	CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
SUBMITTED	231320535	Inpatient	CO UM	05/12/2023	

UM-INPATIENT

CASE SUMMARY | COPY | EXTEND | EXPAND ALL ∨

Consumer Details — Location: 1111 33rd Somewhere Iowa;

Provider/Facility — Requesting : CO Demo Provider/1111111111 — Facility : CO Demo Provider/1111111111