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BCBSWY Online Authorization Training Guide

11/11/2024 Version 3.7

Table of Contents

Prior Authorizations: General

When Blue Cross Blue Shield of Wyoming (BCBSWY) receives a prior authorization request from a Provider, it will be reviewed by our clinical staff. BCBSWY's Medical policies and clinical criteria are used in this review. Medical policies are available online for Providers and are searchable by title, CPT code and identification number.

A determination (approved or denied) will be rendered from the information submitted:

- Non-urgent prior authorization requests will be processed within 14 calendar days from date of receipt. Non-urgent prior authorization requests will be processed within 5 calendar days of receiving all necessary information to complete the review
- Urgent* prior authorization requests will be processed within 72 hours of receiving all necessary information to complete the review
- The Provider, rendering facility and member will be notified in writing of the determination (via U. S. Mail).
- Once a determination has been made a fax response will be immediately sent to the sending provider office.

* For further explanation of the urgent prior authorization review criteria, please visit the U. S. Department of Labor.

Participants of some health plans may have terms of coverage or benefits that differ from the information presented here. The following information describes the general policies of Blue Cross Blue Shield of Wyoming and is provided for reference only. This information is **NOT A GUARANTEE OF PAYMENT**. To verify coverage or benefits or determine prior authorization requirements for a participant, call 1-800-442-2376.

For verification if a prior authorization is required, use the PreCheck tool in Availity.

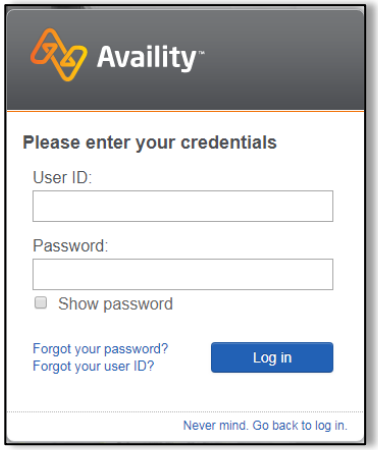
Prior Authorization – Admission Request is the process of notifying BCBSWY of a proposed inpatient stay.

Prior Authorization – Service Request is the process of notifying BCBSWY of a proposed outpatient service.

Helpful Hint:

CERTAIN SERVICES REQUIRE BOTH A SERVICE AUTHORIZATION AND ADMISSION AUTHORIZATION. IN THE CIRCUMSTANCES WHEN BOTH ARE REQUIRED, THE SERVICE AUTHORIZATION MUST BE APPROVED BEFORE BCBSWY CAN APPROVE THE ADMISSION AUTHORIZATION.

Prior Authorization Online Requests



Prior Authorization requests are the exchange of information between Providers and BCBSWY to establish medical appropriateness and necessity of services.

Determine if a Prior Authorization Request is Required:

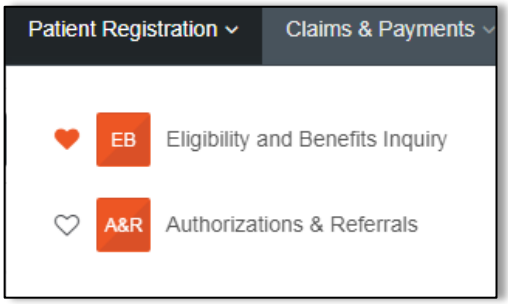
Determine prior authorization request requirements for a Member by calling 1-800-442-2376.

Complete a Prior Authorization Request:

For services which do require BCBSWY prior authorization requests, login to www.availity.com.

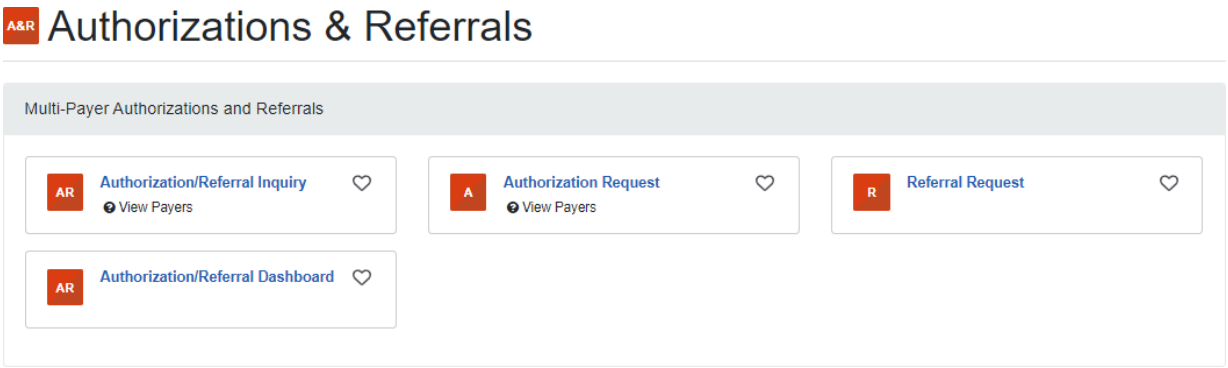
Helpful Hint:

USE THE GOOGLE CHROME WEB BROWSER FOR SUBMISSIONS.



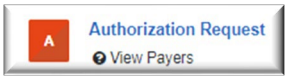
The Authorization Tool is found under **PATIENT REGISTRATION**. You can bookmark the tool by selecting the heart icon next to it. If you are unable to see the **AUTHORIZATIONS & REFERRALS** tool, please contact your organization's system administrator for permission.

Selecting the **AUTHORIZATIONS & REFERRALS** link will take you to the main Authorizations page.



From this screen, you can inquire about an existing authorization submission, submit an authorization request, or view the Authorization Dashboard. Please note BCBSWY does not currently track referrals.

Submitting an Authorization

To submit an authorization, select Authorization Request 

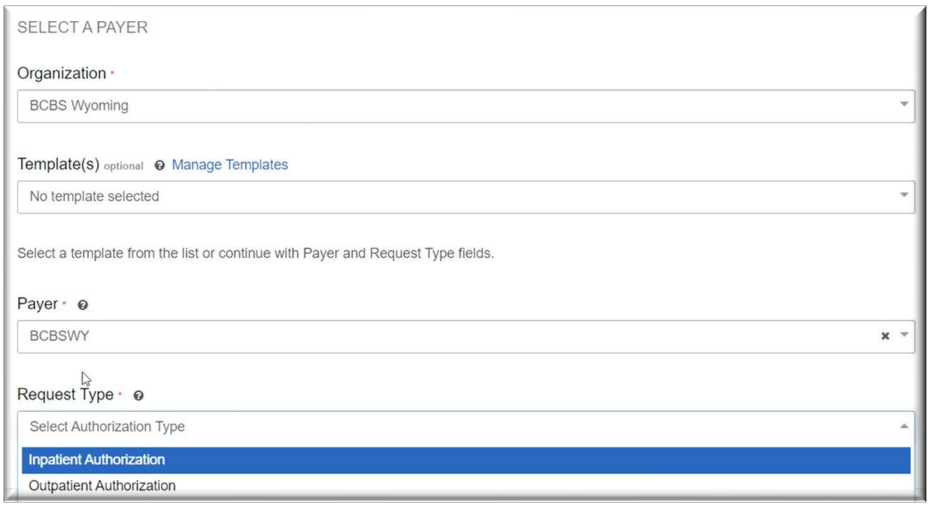
from the Home page.

Select **BCBSWY** from the **ORGANIZATION AND PAYER** dropdown boxes, your transaction type and organization as pictured below.

In the **REQUEST TYPE** dropdown, you may choose Inpatient Authorization or Outpatient Authorization.

Choose ***INPATIENT*** for when the patient will be in an inpatient setting and will need to authorize room and board.

Choose ***OUTPATIENT*** for approval of a service.



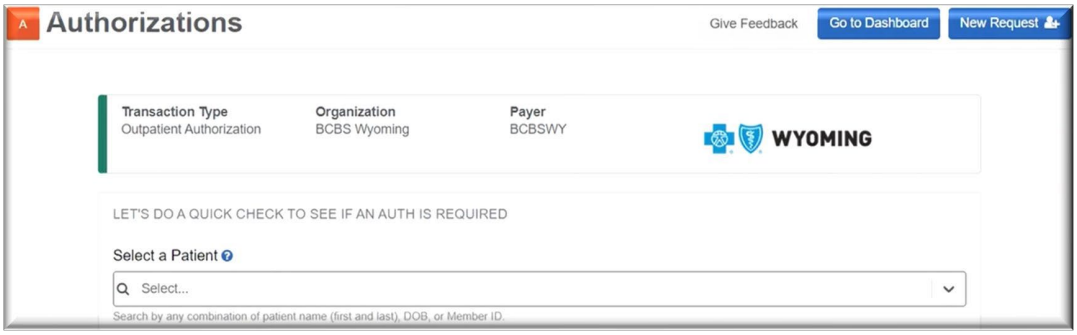
Then select 

NEXT:

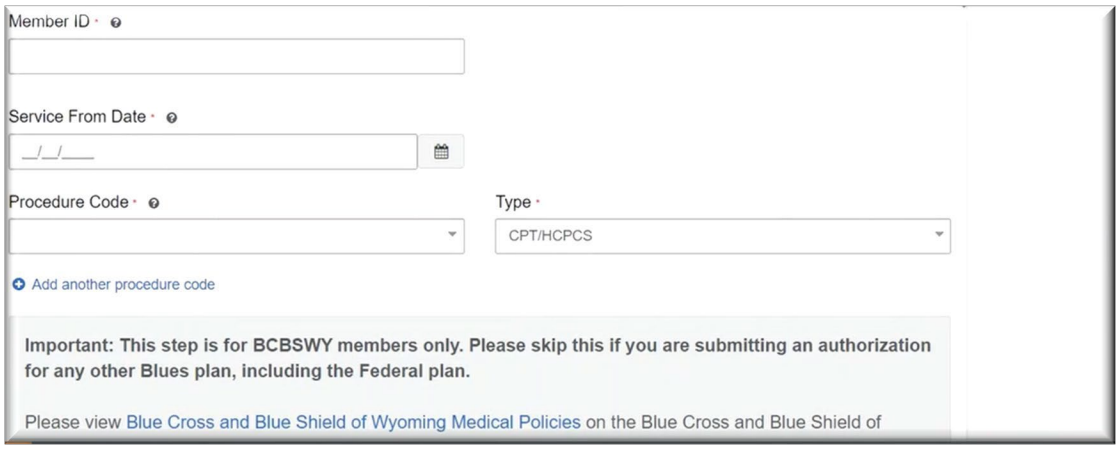
This will take you to the BCBSWY Authorization Tool.

The BCBSWY Authorization tool allows you to submit authorizations for professional services, inpatient stays, and concurrent reviews for both medical and behavioral health.

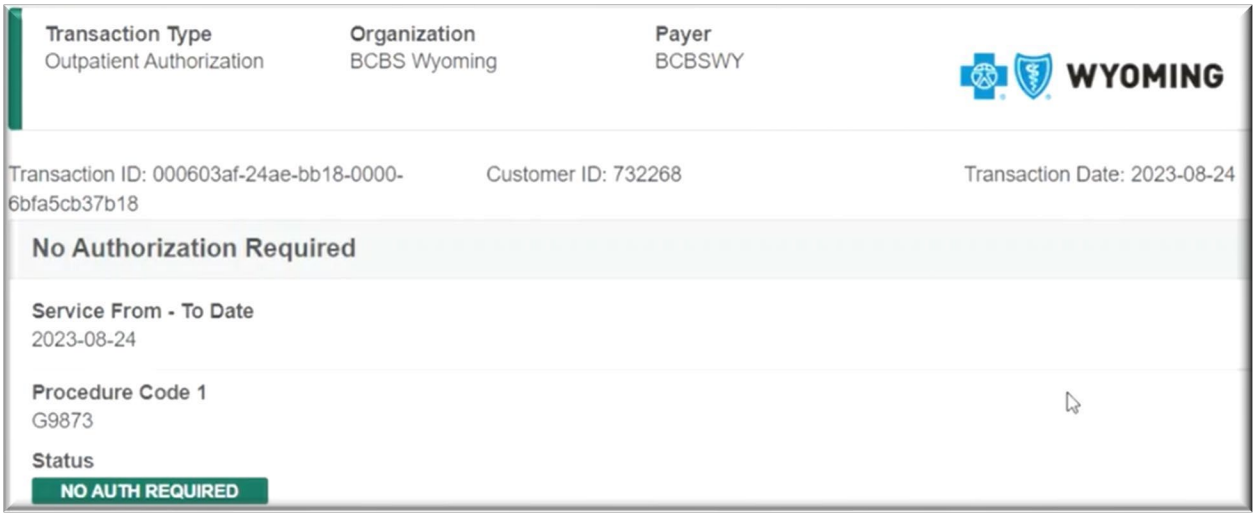
Choose **SELECT A PATIENT**. If you have entered the patient previously, you may select them. Otherwise, you will need to use the **MEMBER ID** lookup.



Enter the **MEMBER ID**, including the **Alpha Prefix** (For example: *YWY123456789987)*. Then select the appropriate **SERVICE FROM DATE**, **PROCEDURE CODE** and **TYPE**. One the fields are complete, select **Next**.



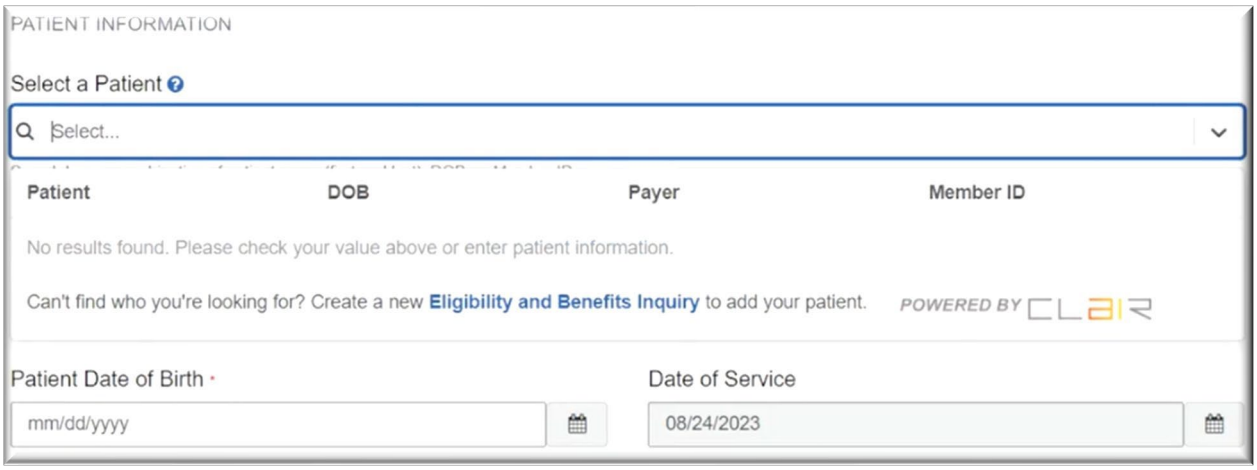
If No Authorization is required, the screen will state "**NO AUTH REQUIRED**." This process will not proceed.



If Authorization is required, the screen will state "**AUTH REQUIRED**" and allow you to move forward.

Note: FEP members with an Alpha Prefix beginning in "R" will not see the Auth required Screens.

Enter the **PATIENT INFORMATION**.

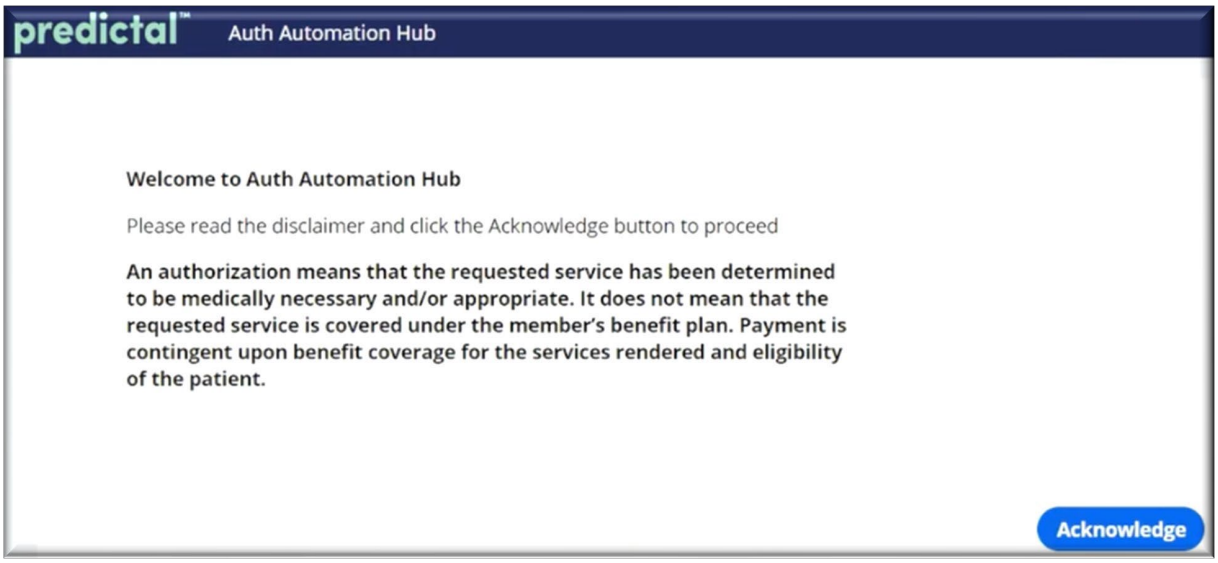


Enter your NPI number and Select **RETRIEVE PROVIDER INFORMATION** to retrieve your provider results.

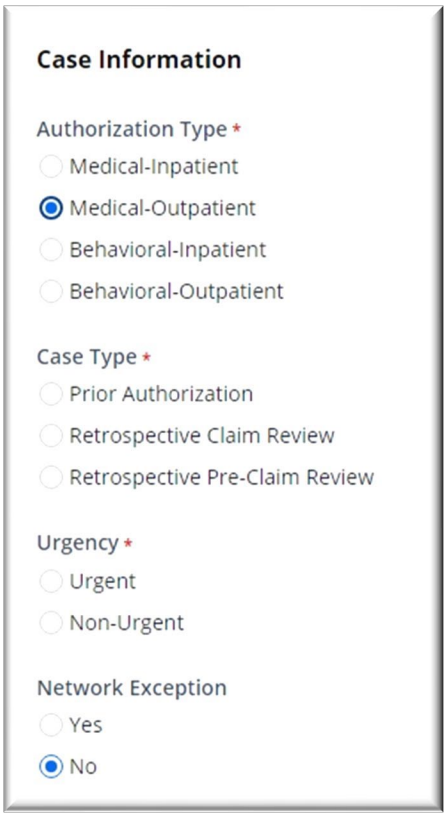
Choose the appropriate Provider result and verify and complete any needed information that may be missing.

Then choose **NEXT** below your contact information. You will now proceed to the authorization tool acknowledgement page.

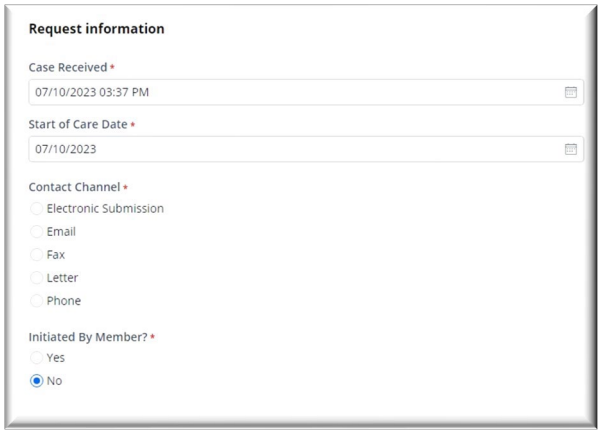
Note: This page may take up to 30 seconds to load. Do not close your web browser during this time.



Complete the **CASE INFORMATION** section based on your authorization submission.

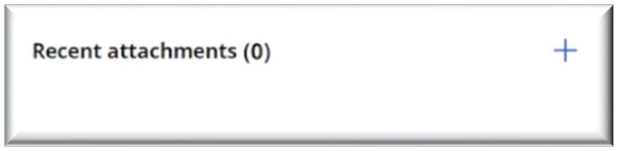


Complete the **REQUEST INFORMATION** section based on the authorization submission.

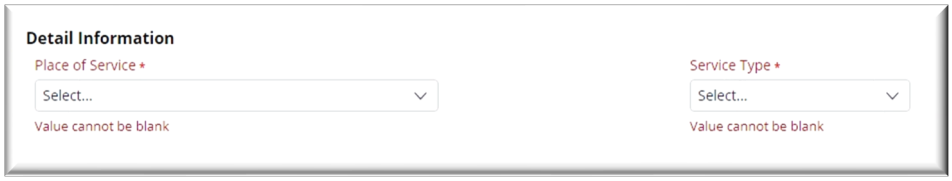


Upload any relevant documents by selecting the "**+**" symbol in the **RECENT ATTACHMENT** section.

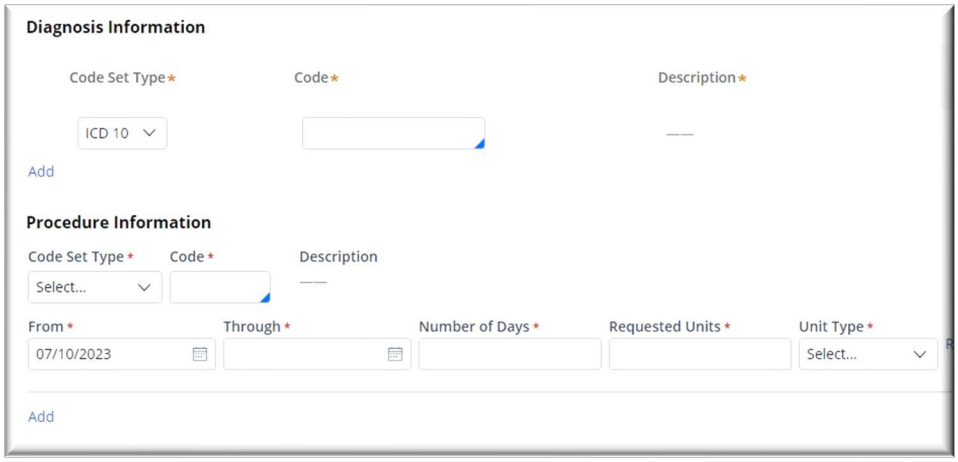
Files do not have a file size restriction. However, technology files, such as moving picture files like ultrasounds, color contrast images of MRIs or CTs or other "moving picture" files will not be able to upload. Any standard flat image will be accepted. Multiple files may be attached at the same time, but please use differentiating file names to describe the purpose of each individual document.



Complete the **DETAIL INFORMATION** section based on the authorization submission.



Complete the **DIAGNOSIS INFORMATION** and **PRODCUERE INFORMATION** section based on the authorization submission.

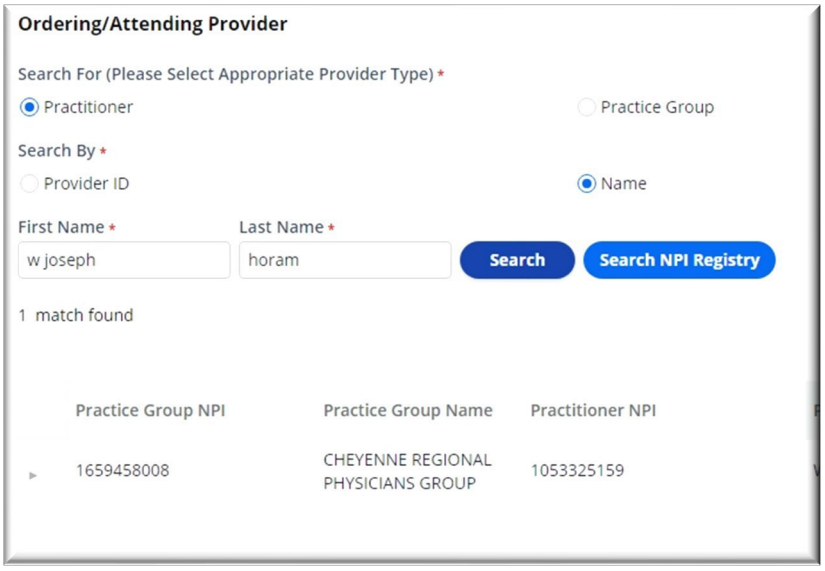


Click **SUBMIT.**

Input the **PROVIDER DETAILS.**

NOTE: The provider details have the same functionality under each heading. You will need to complete the segments as required under our business processes.

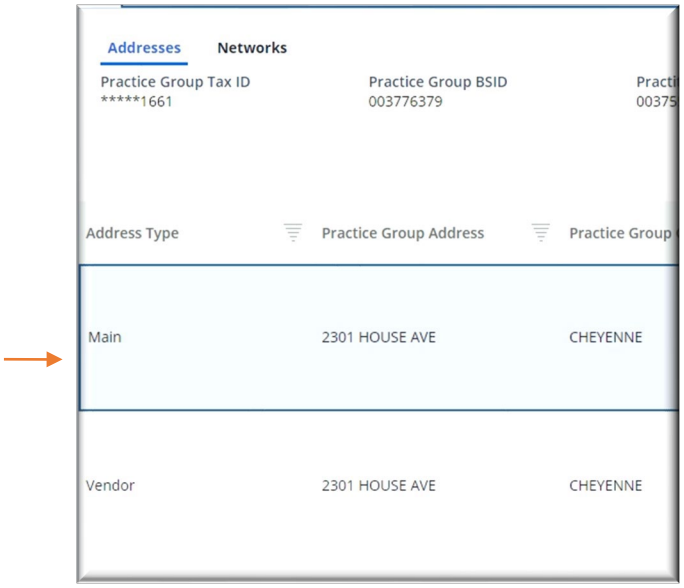
A) Search for the provider. Once you click **SEARCH** the records found will display under the search criteria.



B) Click on the record which will highlight in blue and begin to display additional information.

C) Input the **NETWORK STATUS.**

D) Select the **MAIN RECORD.**
NOTE: Do not select any other address type.

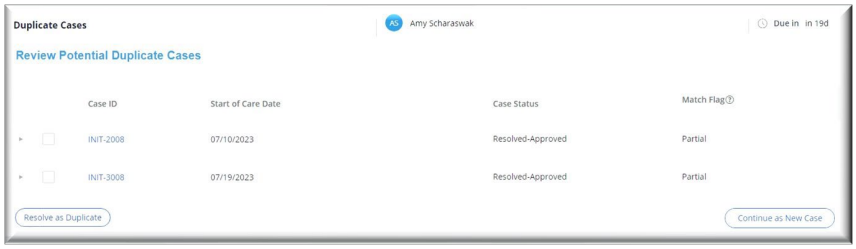


E) Select from the drop down the **AUTHORIZATION REQUEST SUBMITTED BY.**
F) Click **SUBMIT** at the bottom of the page.

Review all the input information and click **SUBMIT.**

NOTE: If you find any corrections, use the back button in the bottom left hand corner.

If there are any duplicate cases, these will be presented. Click **CONTINUE AS NEW CASE.**



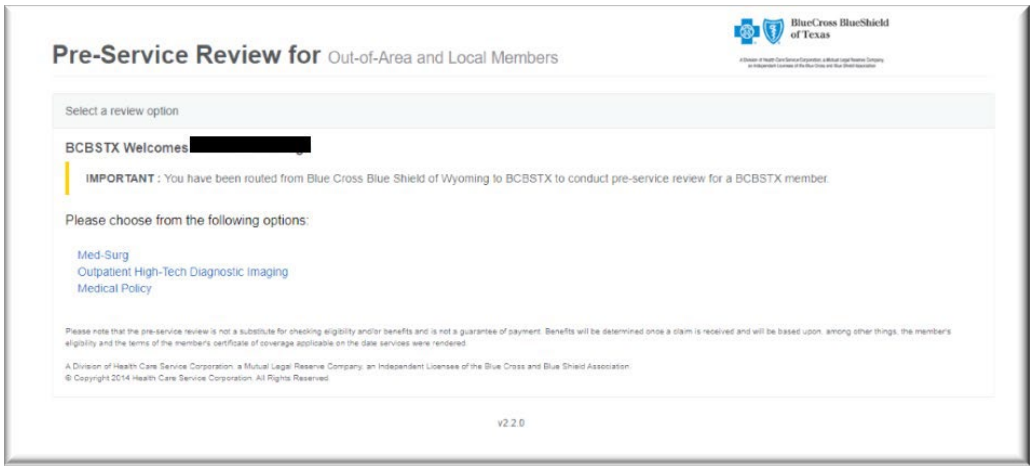
Important Note: Understanding Save and Submit Buttons

SAVE BUTTON: This feature is intended to be used to save and come back later. It is best practice on any screen to click save if there is any possibility you will not complete the screen.

SUBMIT BUTTON: The submit button takes the inputs from the screen and then processes them taking you to the next page in the workflow. Some screens there may not be a back button. **It is important that before you click submit, you are sure of the inputs on the screen.**

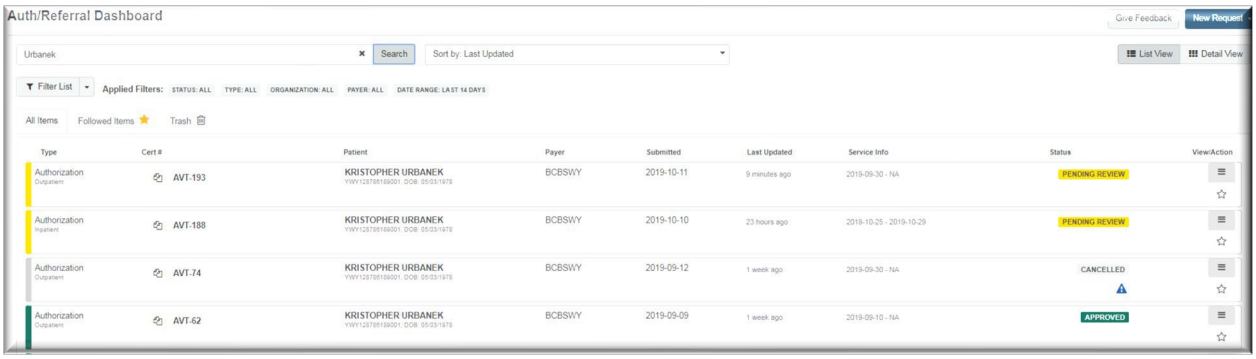
Out of State Authorizations

To create a prior authorization for out of state members, follow the same steps outlined above. When Availity checks the member's eligibility, you will be routed from the Blue Cross Blue Shield of Wyoming's Availity site to the other state's Availity site. Once routed, you may see different options for prior authorizations, depending on the out-of-state Blue plan. For example:

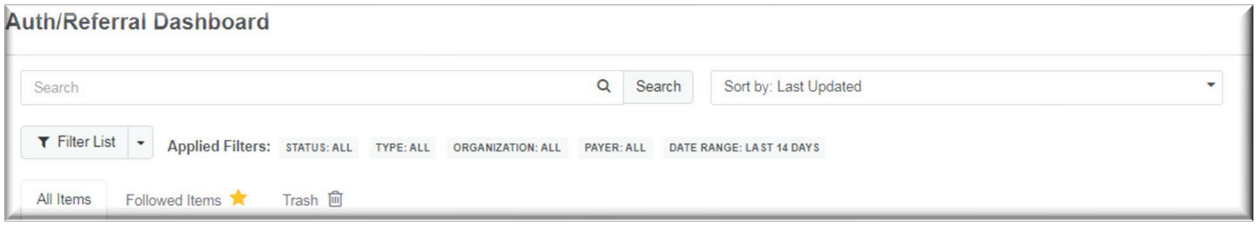


Authorization Dashboard

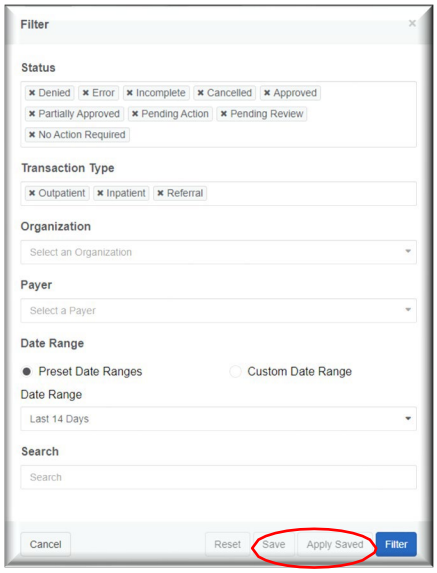
The Authorization Dashboard shows you the status of all authorizations in your organization. The AVT number allows BCBSWY to find the authorization request if you call into our member service line.



The Dashboard has a variety of filters and a search bar to allow you to quickly find the authorization you are looking for. You can flag and follow those authorizations of interest.

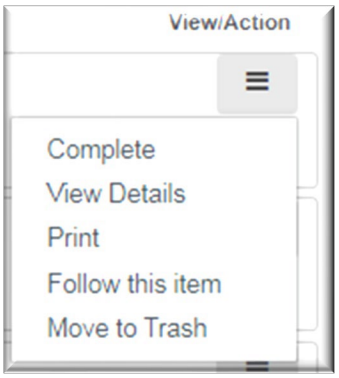


If you wish to save a frequently searched filter, you can do so by clicking on a filter type to see the filter detail window and click Save. To apply the saved filter view, click on the filter type and click **APPLY SAVED**.

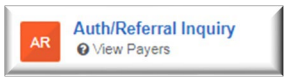


If you save and apply the filters, the data on the dashboard will always appear with these filters when you come into the dashboard

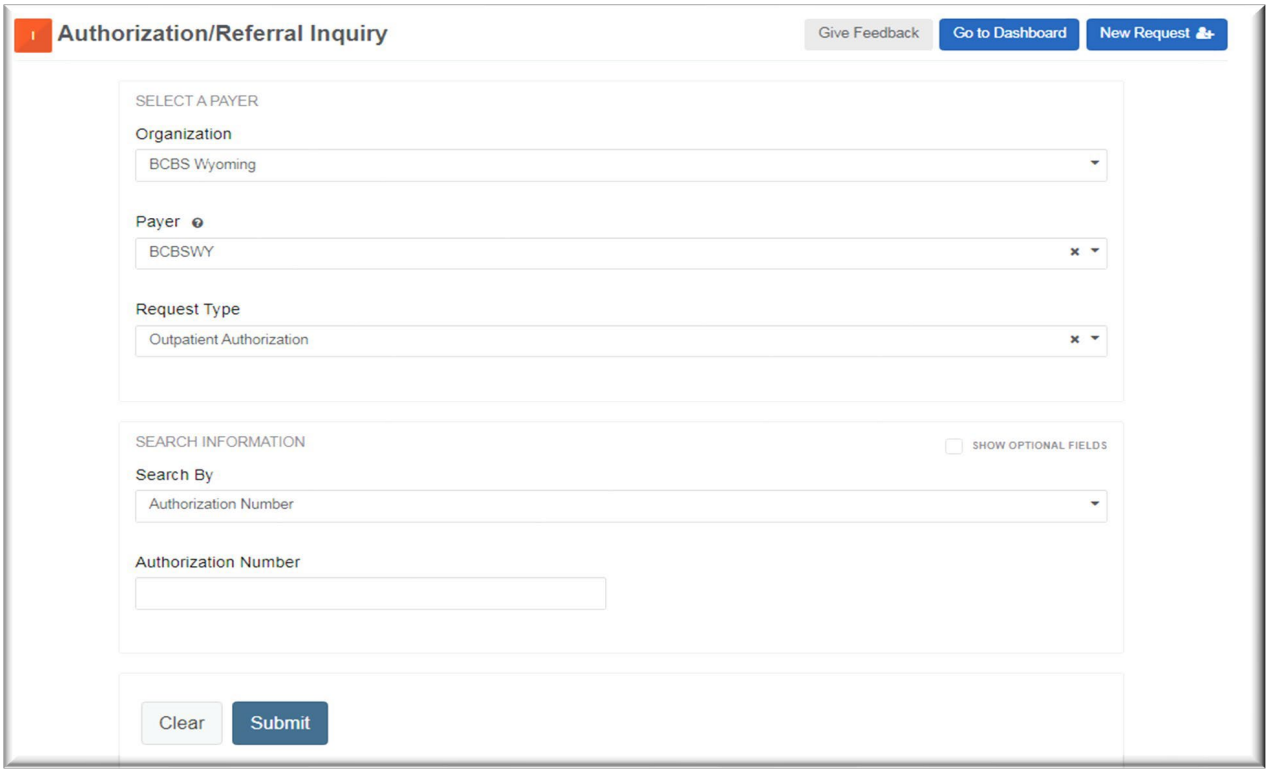
Additionally, the Dashboard allows you to see additional detail on each authorization.



Authorization Inquiry

Authorization inquiries  can be accessed from the Authorization Home page, or from the Dashboard under New Request.

The Inquiry Tool allows you to look up previous authorizations submitted/edited individually by the user completing the search by Authorization Number, Member ID, or Service Date.



Special Circumstances

Transplants:

For questions about transplants or authorizations, call our transplant coordinator at 307-829-3081.

Residential Treatment Facility:

For questions about residential treatment facility authorizations, call 307-829-3081.

Federal Employee Plan (FEP) Prior Authorization:

For authorizations of the following services, please contact our FEP case management team at 1-800-210-7257.

- Applied Behavioral Analysis
- Gender Reassignment
- Residential Treatment Facility
- Skilled Nursing Facility/Center

Secondary Insurance Authorizations

Prior authorizations are required when BCBSWY provides secondary coverage in certain circumstances. Please reference the table below when determining if a secondary authorization is required. If you need assistance in identifying if a member has BCBSWY secondary coverage, please contact us.

Secondary authorizations are required except for admissions and Medicare Supplements.

Member Prefix	Services	Admissions
QWY, YWY, ZRW, ZSD, ZSF, ZSH, ZSK, ZYW, and R.	Secondary authorization required.	Not required
Medicare Denials QWY, YWY, ZRW, ZSD, ZSF, ZSH, ZSK, ZYW, and R.	Secondary authorization required.	Secondary authorization required.
Prefixes beginning with ZSM	No authorization required.	No authorization required.
All Prefixes	**CAR-T** **Transplants**	**CAR-T** **Transplants**

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Inpatient Authorization Supplemental Document

For inpatient admissions, please complete this supplemental form to ensure that online authorizations are processed correctly.

Patient Name:_____
Patient ID:_____
Admission Date:_____
Observation: ☐No ☐Yes Date: _____
CPT(s): _____

Frequently Asked Questions/Tips for Success

Q: Do I have to use Availity for prior authorizations?

A: Yes, hospital inpatient, concurrent review and outpatient authorizations are required to be submitted through the Availity portal for in-state providers. All other prior authorizations may be submitted by fax or phone, as in the past. However, using Availity will speed up the prior authorization process, as it removes the time needed to transcribe requests for placement in the system queue.

Q: How long will the prior authorization stay on the dashboard?

A: Prior authorizations will stay on the dashboard for 90 days. If a permanent record of the prior authorization is required, it can be printed for the facility's records.

Q: For an inpatient stay, how many prior authorizations do I need to complete?

A: For an inpatient stay, a prior authorization is always needed. For services, use the Authorization Pre-Check Tool in Availity. Simply enter the requested information, and you will get a yes or no answer if authorization is required.

Q: If a patient is admitted through the emergency room, does this qualify as "Urgent"?

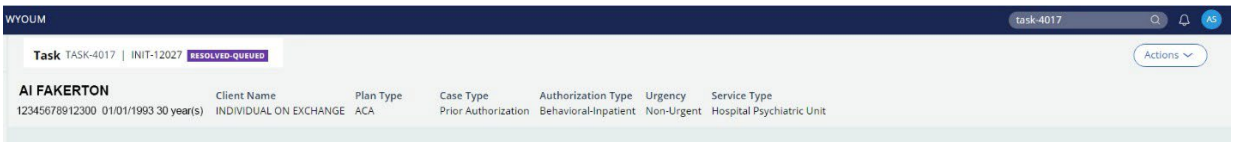
A: No, this situation does not qualify for an "Urgent" request. If "Urgent" is selected and Medical Review determines this was not an urgent request, it will move back into the non-urgent review queue.

Q: If there are two entities working together to provide services to a patient (eg. external surgeons using a hospital for the surgery), can one entity submit the authorizations on behalf of the partner?

A: If there are two entities working together to provide services to a patient (eg. external surgeons using a hospital for the surgery and subsequent admission), one entity may submit both authorizations (for services and inpatient stay). However, each entity can only see their own authorizations in their dashboards. Therefore, BCBSWY suggests the submitting entity enter the fax confirmation of the partner entity to inform the partner entity of the authorization's approval once complete.

Q: If I create an erroneous authorization request, can I just send it to "Trash" and have it removed?

A: A prior authorization can be cancelled by using the **ACTIONS** menu in the top right of the screen.



Q: I'm trying to enter referrals into Availity, but it won't work. Why?

A: BCBSWY does not support the entry of referrals into Availity.

Q: How do I enter a date range if I'm not sure when the service will happen?

A: Enter today's date as the Service Date From and enter a date 365 days in the future for the Service Date To field.

Q: I submitted a prior authorization request and it hasn't gone anywhere. What's wrong?

A: All prior authorization requests require the attachment of documents to support the request. For inpatient requests, the completed form "Inpatient Authorization Supplemental Document" included within this manual will serve as documentation needed for CPT codes. Medical records for outpatient services are also acceptable documents to attach to the request.

Q: When I look up the NPI for my facility, there are several addresses. Which one do I select?

A: If you are an in-network provider, you must select one of the presented addresses. Select the address where you want the letter sent.

Q: For units, I entered an amount; but after review, it now has 9,999 units requested. What happened?

A: The BCBSWY authorization system subtracts units as they are used up in through claim submission. If a long-term service (e.g. chemotherapy) runs out of units, the claim will be denied. Therefore, BCBSWY changed the units requested to 9,999 to ensure claims don't deny because they ran out of units over time.

Q: When creating a prior authorization request, I received a "404 Page Not Found Error." What happened?

A: Please be sure to use Google Chrome browser for submissions. If this error displays, it likely means there is a server error either on the Availity side or the BCBSWY side of the transaction. Take screenshots capturing as much information as possible (including date, time, AVT number and Transaction ID). Call Availity Customer Support at 1-800-272-4548.

You can also try the following troubleshooting tips.

- Turn off pop up blockers and Incognito settings.
- Clear cache and cookies. Completely log out of browser, and then log back in.
- Do not use the back-browser button.
- Only work one request at a time.
- Do not have multiple windows or tabs open.
-

Q: I submitted a prior authorization request, and it completed successfully. When I viewed it later, it now states, "Cancelled." Why?

A: If you see "Cancelled," it means BCBSWY will not see the authorization request for reasons that include eligibility, duplicates, or inactive.

Q: How do we enter a prior authorization for a bilateral injection?

A: When entering an outpatient service, select one procedure code and one unit for one side and add another procedure code and one unit for the other side. In the required documentation, describe the sites for the injections. In your submission note, please note it is bilateral.

Q: What do I do if the NPI isn't in the system, and I am an in-network provider with BCBSWY?

A: Email BCBSWY Provider Relations at provider.relations@bcbswy.com to inform them the NPI isn't showing in the system.

Helpful Hint:

AUTHORIZATION NUMBERS ARE NOT NEEDED IN THE CLAIM SUBMISSION FORMS.

Q: The procedure actually performed was different than the CPT code submitted on the original prior authorization. How do I change a CPT code on a prior authorization?

A: Please contact BCBSWY Member Services for assistance.

Q: Can providers submit a retro-authorization for a procedure after the claim has been processed?

A. Yes. Please note in the cover sheet of the clinical documentation that this is a retro-authorization and include the claim number.

Q: Can providers do a Concurrent Review without changing the To/From Dates?

A. Providers must change the dates or they will most likely receive a cancellation, as it will appear as a duplicate request.

Q: How does an inpatient prior authorization need to change for a newborn if the infant needs to stay in the hospital beyond the initial stay?

A: For these situations, providers should call into the PAR line.

Q: What are the Prior Authorization Timeframes?

A:

	URGENT	STANDARD
Prior Authorizations	72 Hours	(5 calendar days)
Concurrent Reviews	72 Hours	72 Hours ?
Appeal Reviews	72 Hours	30 Days ?
Retrospective Reviews	N/A	30 Days ?