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BCBSWY Online Authorization Training Guide

11/11/2024 Version 3.7

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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.

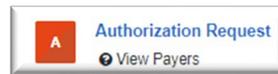
The Authorization Tool is found under **PATIENT REGISTRATION**. You can bookmark the tool by selecting the heart icon next to it. If you are unable to see the **AUTHORIZATIONS & REFERRALS** tool, please contact your organization's system administrator for permission.

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

A&R Authorizations & Referrals

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



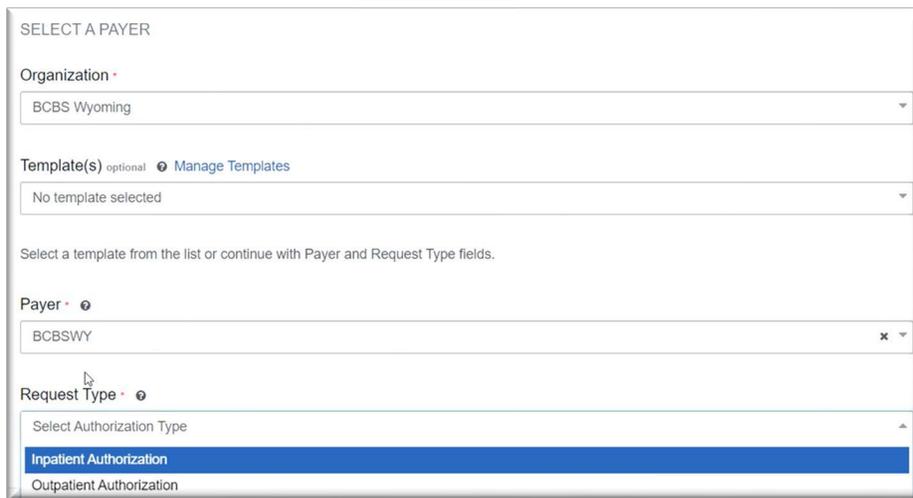
To submit an authorization, select Authorization Request from the Home page.

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.

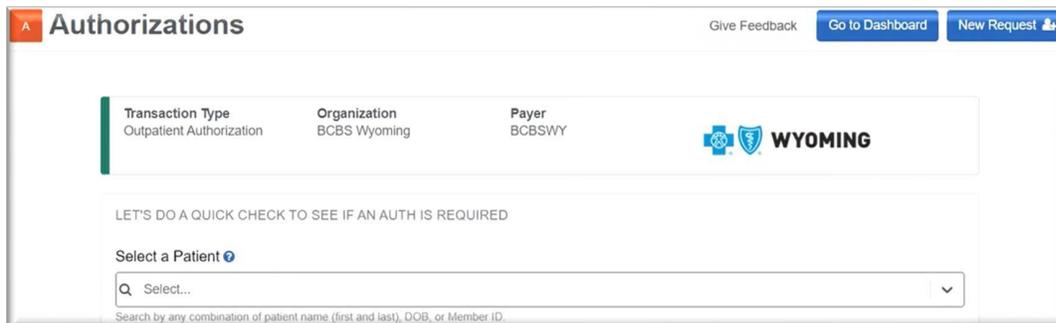


Then select **NEXT**:

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**. Once the fields are complete, select **Next**.

Member ID

Service From Date

Procedure Code

Type

[Add another procedure code](#)

Important: This step is for BCBSWY members only. Please skip this if you are submitting an authorization for any other Blues plan, including the Federal plan.

Please view [Blue Cross and Blue Shield of Wyoming Medical Policies](#) on the Blue Cross and Blue Shield of

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

Helpful Hint:

THE STEPS FOR INPATIENT AND OUTPATIENT ARE THE SAME AS OF 9/5/2023.

Transaction Type Outpatient Authorization	Organization BCBS Wyoming	Payer BCBSWY	
Transaction ID: 000603af-24ae-bb18-0000-6bfa5cb37b18		Customer ID: 732268	Transaction Date: 2023-08-24
No Authorization Required			
Service From - To Date 2023-08-24			
Procedure Code 1 G9873			
Status NO AUTH REQUIRED			

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

Status
AUTH REQUIRED

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

Enter the **PATIENT INFORMATION**.

PATIENT INFORMATION

Select a Patient 

Q Select... 

Patient	DOB	Payer	Member ID
No results found. Please check your value above or enter patient information.			
Can't find who you're looking for? Create a new Eligibility and Benefits Inquiry to add your patient. <small>POWERED BY</small> 			

Patient Date of Birth   Date of Service 

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

ORDERING/REQUESTING PROVIDER

NPI 

I don't know the Provider's NPI

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.

predictal™ Auth Automation Hub

Welcome to Auth Automation Hub

Please read the disclaimer and click the Acknowledge button to proceed

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

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

Case Information

Authorization Type *

Medical-Inpatient

Medical-Outpatient

Behavioral-Inpatient

Behavioral-Outpatient

Case Type *

Prior Authorization

Retrospective Claim Review

Retrospective Pre-Claim Review

Urgency *

Urgent

Non-Urgent

Network Exception

Yes

No

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

Request information

Case Received *

07/10/2023 03:37 PM

Start of Care Date *

07/10/2023

Contact Channel *

Electronic Submission

Email

Fax

Letter

Phone

Initiated By Member? *

Yes

No

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.

A rectangular form with a light blue background and a thin border. The title "Detail Information" is at the top left. Below it are two dropdown menus. The first is labeled "Place of Service *" and has "Select..." in a dropdown arrow. Below it is the text "Value cannot be blank". The second is labeled "Service Type *" and also has "Select..." in a dropdown arrow. Below it is the text "Value cannot be blank".

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

Two stacked forms. The top form is titled "Diagnosis Information" and has three columns: "Code Set Type*" with a dropdown showing "ICD 10", "Code*" with an empty text box, and "Description*" with a horizontal line. Below is an "Add" link. The bottom form is titled "Procedure Information" and has three columns: "Code Set Type*" with a dropdown showing "Select...", "Code*" with an empty text box, and "Description" with a horizontal line. Below these are five fields: "From*" with "07/10/2023" and a calendar icon, "Through*" with an empty text box and a calendar icon, "Number of Days*" with an empty text box, "Requested Units*" with an empty text box, and "Unit Type*" with a dropdown showing "Select...". Below is an "Add" link.

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.

Ordering/Attending Provider

Search For (Please Select Appropriate Provider Type) *

Practitioner Practice Group

Search By *

Provider ID Name

First Name * Last Name *

1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI
▶ 1659458008	CHEYENNE REGIONAL PHYSICIANS GROUP	1053325159

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

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name
1659458008	CHEYENNE REGIONAL PHYSICIANS GROUP	1053325159	WJOSEPH HORAM

Addresses **Networks**

Practice Group Tax ID	Practice Group BSID	Practitioner BSID
*****1661	003776379	003755664

C) Input the **NETWORK STATUS**.

Practice Group Tax ID	Practice Group BSID	Practitioner BSID	Network Status *
*****1661	003776379	003755664	Select... Value cannot be blank

→

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

Addresses		Networks	
Practice Group Tax ID *****1661	Practice Group BSID 003776379	Practice Group 00375	
Address Type	Practice Group Address	Practice Group	
Main	2301 HOUSE AVE	CHEYENNE	
Vendor	2301 HOUSE AVE	CHEYENNE	

- 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**.

Duplicate Cases			
Review Potential Duplicate Cases		Due In 19d	
Case ID	Start of Care Date	Case Status	Match Flag
<input type="checkbox"/> INIT-2008	07/10/2023	Resolved-Approved	Partial
<input type="checkbox"/> INIT-3008	07/19/2023	Resolved-Approved	Partial
Resolve as Duplicate		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.**

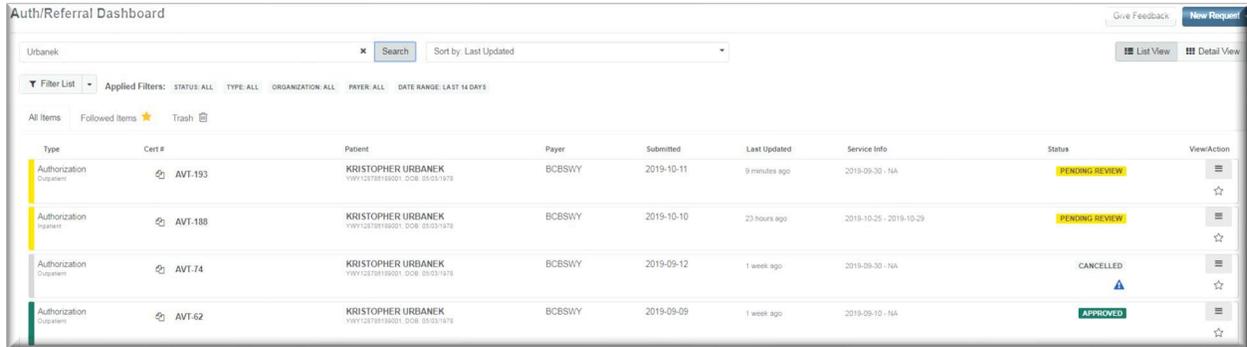
Out of State Authorizations

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:

The screenshot shows a web interface for a "Pre-Service Review for Out-of-Area and Local Members". At the top right is the BlueCross BlueShield of Texas logo. Below the title is a "Select a review option" dropdown menu. The main content area displays "BCBSTX Welcomes [REDACTED]" and an "IMPORTANT" notice: "You have been routed from Blue Cross Blue Shield of Wyoming to BCBSTX to conduct pre-service review for a BCBSTX member." Below this, it asks the user to "Please choose from the following options:" and lists three options: "Med-Surg", "Outpatient High-Tech Diagnostic Imaging", and "Medical Policy". At the bottom, there is a disclaimer: "Please note that the pre-service review is not a substitute for checking eligibility and/or benefits and is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered." Below the disclaimer is the text: "A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Copyright 2014 Health Care Service Corporation. All Rights Reserved." The version number "v2.2.0" is displayed at the bottom center.

Authorization Dashboard

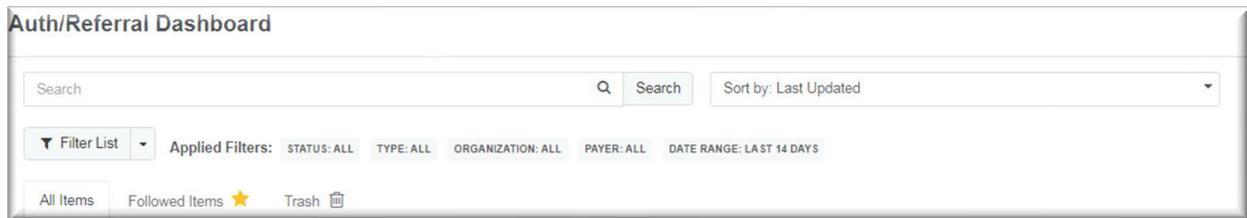
The Authorization Dashboard shows you the status of all authorizations in your organization. The AVT number allows BCBSWY to find the authorization request if you call into our member service line.



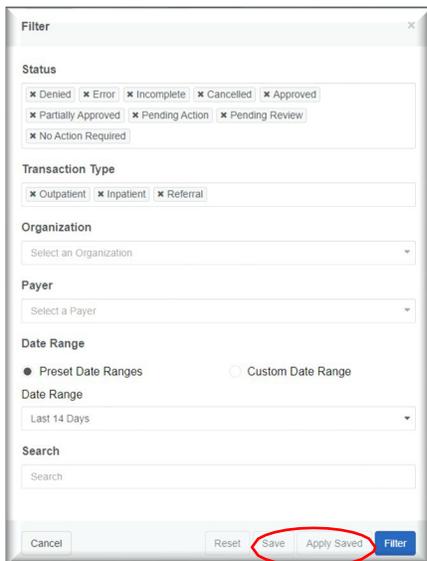
The screenshot shows the 'Auth/Referral Dashboard' with a search bar and filter options. The table below lists several authorization requests:

Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Outpatient	AVT-193	KRISTOPHER URBANEK VVV12378918201.506-05/03/1978	BCBSWY	2019-10-11	9 minutes ago	2019-09-30 - NA	PENDING REVIEW	[Menu] [Star]
Authorization Inpatient	AVT-188	KRISTOPHER URBANEK VVV12378918201.506-05/03/1978	BCBSWY	2019-10-10	23 hours ago	2019-10-25 - 2019-10-29	PENDING REVIEW	[Menu] [Star]
Authorization Outpatient	AVT-74	KRISTOPHER URBANEK VVV12378918201.506-05/03/1978	BCBSWY	2019-09-12	1 week ago	2019-09-30 - NA	CANCELLED	[Menu] [Star]
Authorization Outpatient	AVT-62	KRISTOPHER URBANEK VVV12378918201.506-05/03/1978	BCBSWY	2019-09-09	1 week ago	2019-09-10 - NA	APPROVED	[Menu] [Star]

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**.



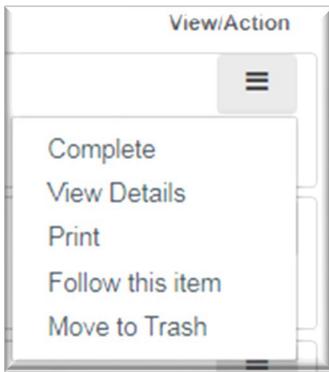
The 'Filter' window shows the following options:

- Status:** Denied, Error, Incomplete, Cancelled, Approved, Partially Approved, Pending Action, Pending Review, No Action Required
- Transaction Type:** Outpatient, Inpatient, Referral
- Organization:** Select an Organization
- Payer:** Select a Payer
- Date Range:** Preset Date Ranges (selected), Custom Date Range
- Date Range:** Last 14 Days
- Search:** Search

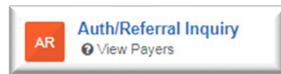
At the bottom, there are buttons for Cancel, Reset, Save, Apply Saved, and Filter. The 'Save' and 'Apply Saved' buttons are circled in red.

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.

A screenshot of the 'Authorization/Referral Inquiry' search form. The form is titled 'Authorization/Referral Inquiry' and includes several sections:

- SELECT A PAYER:** Contains three dropdown menus: 'Organization' (selected: BCBS Wyoming), 'Payer' (selected: BCBSWY), and 'Request Type' (selected: Outpatient Authorization).
- SEARCH INFORMATION:** Includes a 'Search By' dropdown menu (selected: Authorization Number) and a 'SHOW OPTIONAL FIELDS' checkbox (unchecked). Below this is an 'Authorization Number' text input field.
- Buttons:** 'Clear' and 'Submit' buttons are located at the bottom left of the form.

At the top right of the page, there are three buttons: 'Give Feedback', 'Go to Dashboard', and 'New Request'.

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



WYOMING

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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.



The screenshot shows a user interface for a task. At the top, it says "WYUUM" on the left and "task-4017" on the right. Below that, a task card is displayed with the following information:

Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
AI FAKERTON 12345678912300 01/01/1993 30 year(s)	INDIVIDUAL ON EXCHANGE ACA	Prior Authorization	Behavioral-Inpatient	Non-Urgent	Hospital Psychiatric Unit

Additional UI elements include a search bar, a notification bell, a user profile icon labeled "AS", and an "Actions" dropdown menu.

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 ?