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## BCBSWY Online Authorization Training Guide

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1/31/2024 Version 3.6

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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.
- Urgent\* prior authorization requests will be processed within three calendar days from date of receipt.
- 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 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

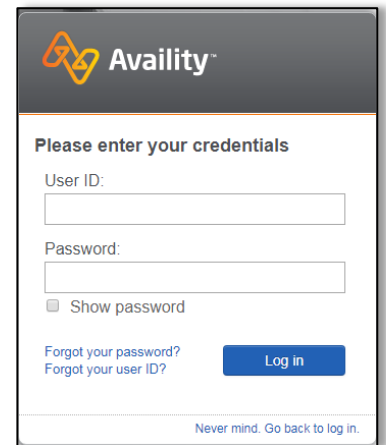
Prior Authorization requests are the exchange of information between Providers and BCBSWY to establish medical appropriateness and necessity of services.

### **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](http://www.availity.com).

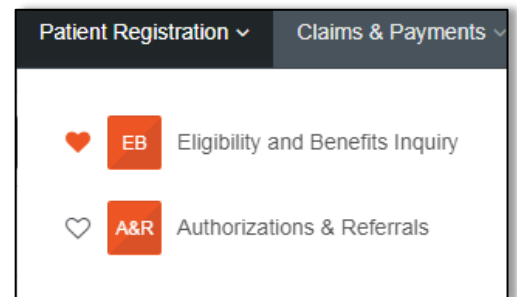
The image shows the Availity login page. At the top is the Availity logo. Below it, the text "Please enter your credentials" is displayed. There are two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom left, there are two links: "Forgot your password?" and "Forgot your user ID?". At the bottom right is a blue "Log in" button. At the very bottom, there is a link that says "Never mind. Go back to log in."

Helpful Hint:

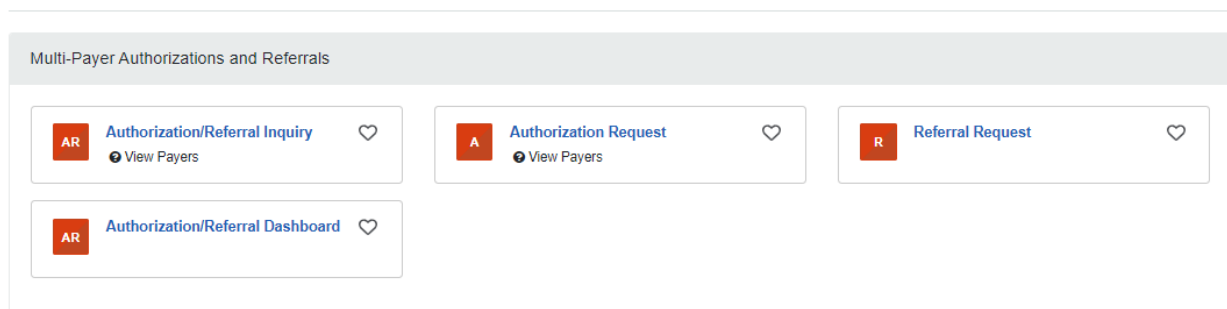
USE THE GOOGLE CHROME WEB BROWSER FOR SUBMISSIONS.

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 system administrator for permission.

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

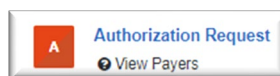
The image shows a navigation menu with two tabs: "Patient Registration" and "Claims & Payments". Under "Patient Registration", there are two items: "EB Eligibility and Benefits Inquiry" with a heart icon, and "A&R Authorizations & Referrals" with a heart icon.

## **A&R** Authorizations & Referrals

The image shows the "Multi-Payer Authorizations and Referrals" dashboard. It has a header bar with the title. Below the header, there are four cards. The first card is "AR Authorization/Referral Inquiry" with a heart icon and a "View Payers" link. The second card is "A Authorization Request" with a heart icon and a "View Payers" link. The third card is "R Referral Request" with a heart icon. The fourth card is "AR Authorization/Referral Dashboard" with a heart icon.

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



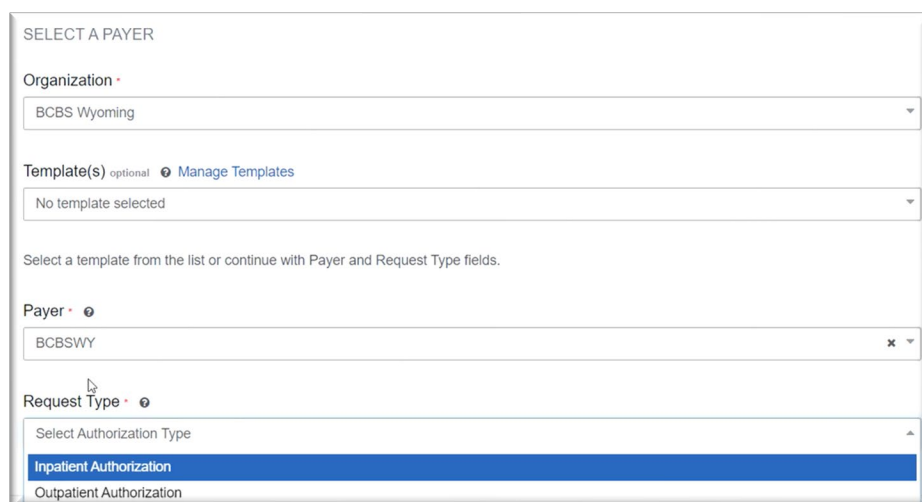
To submit an authorization, select Authorization Request from the Home page.

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.

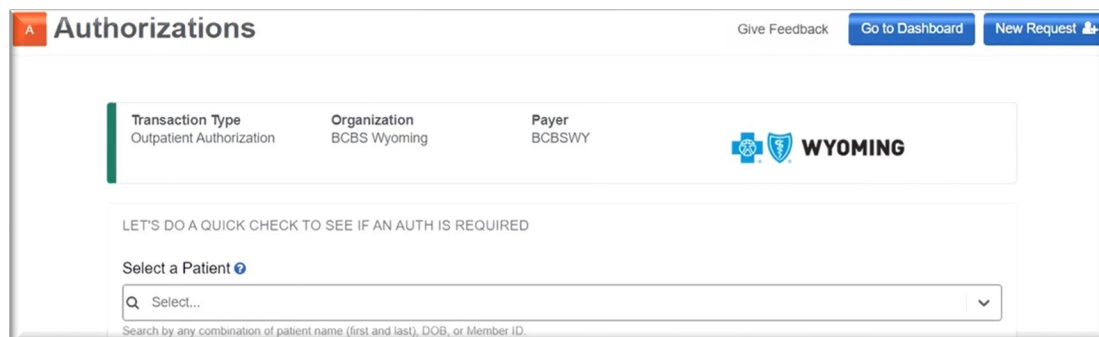



Then select **NEXT**:


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.





Member ID 

Service From Date 


\_\_/\_\_/\_\_



Procedure Code 

Type 

CPT/HCPCS

 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

Helpful Hint:

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

Status

AUTH REQUIRED

Print

Next Steps

6



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 <a href="#">Eligibility and Benefits Inquiry</a> to add your patient. <small>POWERED BY</small> CLAIR			

Patient Date of Birth \* mm/dd/yyyy  Date of Service 08/24/2023 

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

ORDERING/REQUESTING PROVIDER

NPI \* 

[Retrieve Provider Info](#)

☐ I don't know the Provider's NPI

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

The 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.

[Acknowledge](#)

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.



Recent attachments (0) +

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

**Detail Information**  
Place of Service \*  

Select...

  
Value cannot be blank

Service Type \*  

Select...

  
Value cannot be blank

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

**Diagnosis Information**  

Code Set Type \*  

ICD 10

Code \*

Description \*

Add

**Procedure Information**  

Code Set Type \*  

Select...

Code \*

Description

From \*  

07/10/2023

Through \*

Number of Days \*

Requested Units \*

Unit Type \*  

Select...

Add

Click **SUBMIT**.

Input the **PROVIDER DETAILS**.

**NOTE:** The provider details has 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 \*

w joseph horam

**Search** **Search NPI Registry**

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	W JOSEPH HORAM

**Addresses** **Networks**

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

C) Input the **NETWORK STATUS**.

**Addresses** **Networks**

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 Address: 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**    Amy Scharaswak    Due in 19d

[Review Potential Duplicate Cases](#)

Case ID	Start of Care Date	Case Status	Match Flag
INIT-2008	07/10/2023	Resolved-Approved	Partial
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.**

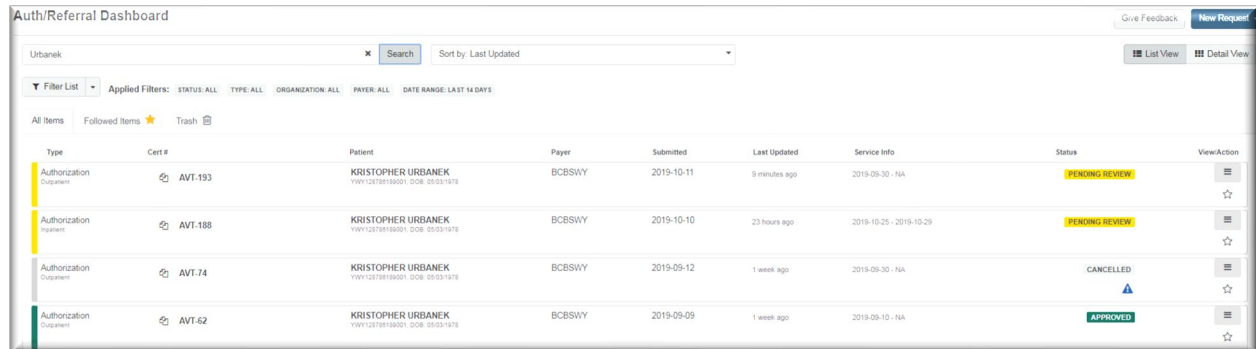
### Out of State Authorizations

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 says "BCBSTX Welcomes [redacted]" and includes an "IMPORTANT" note: "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 says "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." and a footer: "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 at the bottom center.

## Authorization Dashboard

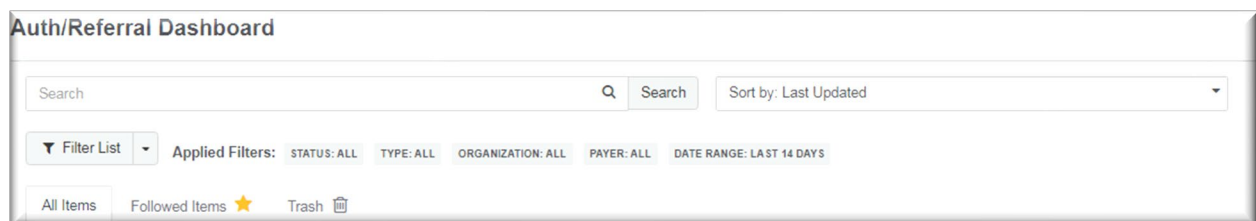
The Authorization Dashboard shows you the status of all authorizations in your organization. The AVT number allows BCBSWY to find the authorization request if you call into our member service line.



The screenshot shows the 'Auth/Referral Dashboard' with a search bar and filters. Below the filters is a table of authorization requests. The table has columns for Type, Cert #, Patient, Payer, Submitted, Last Updated, Service Info, Status, and View/Action. The status column shows 'PENDING REVIEW' for the first two rows, 'CANCELLED' for the third, and 'APPROVED' for the fourth.

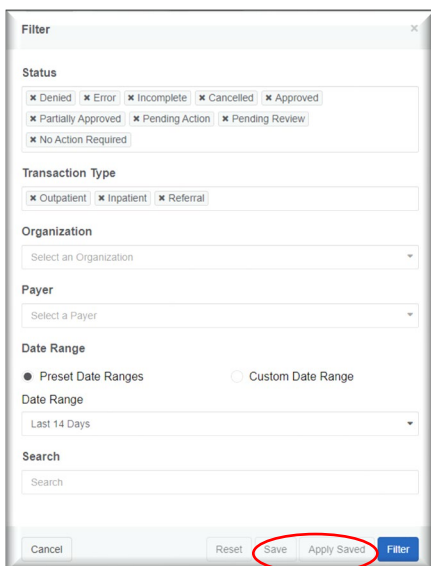
Type	Cert #	Patient	Payer	Submitted	Last Updated	Service Info	Status	View/Action
Authorization Outpatient	AVT-193	KRISTOPHER URBANEK YVW12378918001 DOB: 05/03/1978	BCBSWY	2019-10-11	9 minutes ago	2019-09-30 - NA	PENDING REVIEW	[Menu] [Star]
Authorization Inpatient	AVT-188	KRISTOPHER URBANEK YVW12378918001 DOB: 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 YVW12378918001 DOB: 05/03/1978	BCBSWY	2019-09-12	1 week ago	2019-09-30 - NA	CANCELLED	[Menu] [Star]
Authorization Outpatient	AVT-62	KRISTOPHER URBANEK YVW12378918001 DOB: 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.



The screenshot shows the 'Auth/Referral Dashboard' with a search bar and filters. The search bar has a search icon and a search button. The filters section shows 'Applied Filters: STATUS: ALL TYPE: ALL ORGANIZATION: ALL PAYER: ALL DATE RANGE: LAST 14 DAYS'. Below the filters are buttons for 'All Items', 'Followed Items', and 'Trash'.

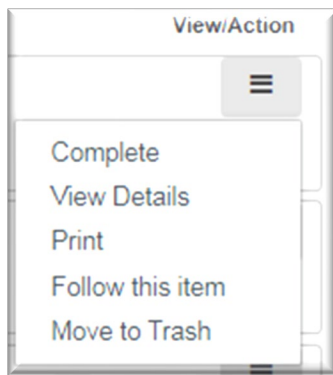
If you wish to save a frequently searched filter, you can do so by clicking on a filter type to see the filter detail window and click Save. To apply the saved filter view, click on the filter type and click **APPLY SAVED**.



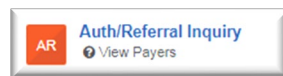
The screenshot shows the 'Filter' window with various filter options. The 'Status' section has checkboxes for Denied, Error, Incomplete, Cancelled, Approved, Partially Approved, Pending Action, Pending Review, and No Action Required. The 'Transaction Type' section has checkboxes for Outpatient, Inpatient, and Referral. The 'Organization' section has a dropdown menu to select an organization. The 'Payer' section has a dropdown menu to select a payer. The 'Date Range' section has radio buttons for Preset Date Ranges and Custom Date Range, with a dropdown menu for the date range. The 'Search' section has a search bar. At the bottom 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 a previous authorization by Authorization Number, Member ID, or Service Date.

A screenshot of the 'Authorization/Referral Inquiry' form. The form has a header with the title 'Authorization/Referral Inquiry' and three buttons: 'Give Feedback', 'Go to Dashboard', and 'New Request'. The form is divided into two main sections: 'SELECT A PAYER' and 'SEARCH INFORMATION'. The 'SELECT A PAYER' section has three dropdown menus: 'Organization' (BCBS Wyoming), 'Payer' (BCBSWY), and 'Request Type' (Outpatient Authorization). The 'SEARCH INFORMATION' section has a 'Search By' dropdown menu (Authorization Number) and a text input field for 'Authorization Number'. There are 'Clear' and 'Submit' buttons at the bottom.

## 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.

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



# 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 the Availity dashboard interface. At the top, there's a header with 'WYOLM' on the left and a search bar with 'task-4017' on the right. Below the header, a task card is displayed for 'AI FAKERTON' with ID '12345678912300' and a date '01/01/1993 30 year(s)'. The task status is 'RESOLVED-QUEUED'. Below the task card, there's a table with columns: Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type. The table contains one row of data: 'INDIVIDUAL ON EXCHANGE', 'ACA', 'Prior Authorization', 'Behavioral-Inpatient', 'Non-Urgent', and 'Hospital Psychiatric Unit'. In the top right corner of the dashboard, there's an 'Actions' button with a dropdown arrow.

**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](mailto: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	14 Days
Concurrent Reviews	72 Hours	72 Hours
Appeal Reviews	72 Hours	30 Days
Retrospective Reviews	N/A	30 Days