



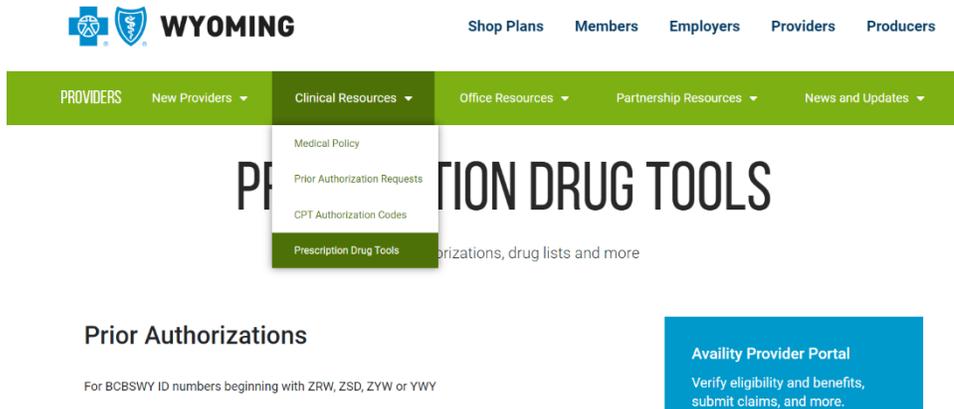
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BCBSWY Tips for Submitting BCBSWY Pharmacy Prior Authorizations Through Availity

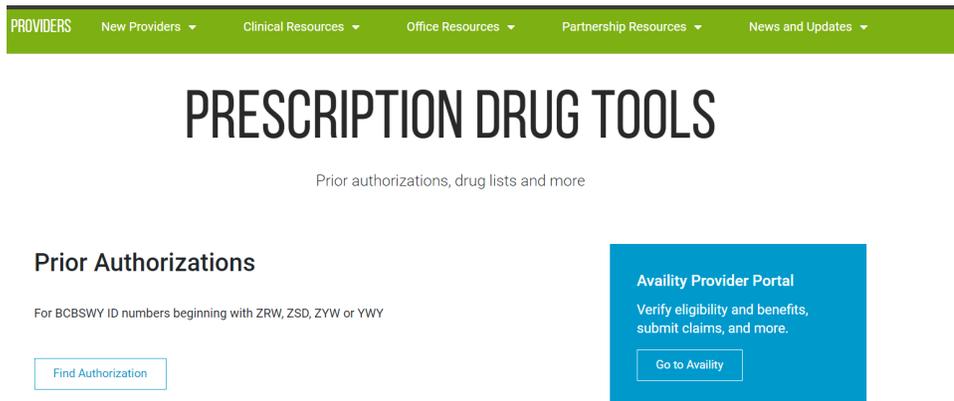
12/12/2024 Version 1.0

Tips for Submitting BCBSWY Pharmacy Prior Authorizations Through Availity

1. There are two ways to submit pharmacy prior authorizations, depending on the member's three-digit prefix on their membership card:
 - If a member ID's three letter prefix is ZSF, QWY or ZSK, submit the request through covermymeds®.
 - For member IDs which start with ZRW, ZSD, ZWY or YWY follow the process below.
2. During the prior authorization process, you will be required to upload supporting documentation which includes a .pdf form.
 - Go to bcbswy.com and on the Providers screen, select the "Clinical Resources" drop down. Select "Prescription Drug Tools."



- Click "Find Authorization" under "For BCBSWY ID numbers beginning with ZRW, ZSD, ZWY or YWY."



- You will be transferred to the “MyPrime” Prior Authorization website.
 - Scroll down to the requested drug and select the appropriate drug “Fax Form.”

Required on some medications before your drug will be covered. If your health plan's formulary guide indicates that you need a Prior Authorization for a specific drug, your physician must submit a prior authorization request form to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense. To obtain the correct form, select the appropriate drug below and follow the instructions at the top of the form. You can search this page by using the search function within your application. (Press Ctrl+F on Windows or Command+F on Mac to bring up the search bar).

[Providers click here to complete patient prior authorization electronically](#)

Acute Migraine Agents
 dihydroergotamine mesylate, Elyxyb, Migranal, Reyvow, Trudhesa
[Acute Migraine Agents Fax Form](#)
[Acute Migraine Agents Program Summary](#)

Afrezza
 Afrezza
[Afrezza Fax Form](#)
[Afrezza Program Summary](#)

- Print out and complete the form (the following is an example).
- Save it as a .pdf and attach it to the via the “Recent Attachments” selection found below.

**ACUTE MIGRAINE AGENTS
 PRIOR AUTHORIZATION REQUEST
 PRESCRIBER FAX FORM**

Only the prescriber may complete this form. This form is for prospective, concurrent, and retrospective reviews.
The following documentation is REQUIRED. Incomplete forms will be returned for additional information. For Preferred Drug List information, please visit www.myprime.com or the Blue Cross and Blue Shield of Wyoming web site at www.bcbswy.com.

PATIENT AND INSURANCE INFORMATION **Today's Date:**

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
Patient Address:		City, State, Zip:	Patient Telephone:
Member ID Number:		Group Number:	

PRESCRIBER/CLINIC INFORMATION

Prescriber Name:	Prescriber NPI#:	Specialty:	Contact Name:
Clinic Name:		Clinic Address:	
City, State, Zip:		Phone #:	Secure Fax #:

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

- To begin prior authorization entry into Availity, log into your Availity account.

Availity

Sign In

User ID
 Enter your user ID.

Password
 Enter your password.

Sign In

[Forgot your user ID?](#) [Forgot your password?](#)

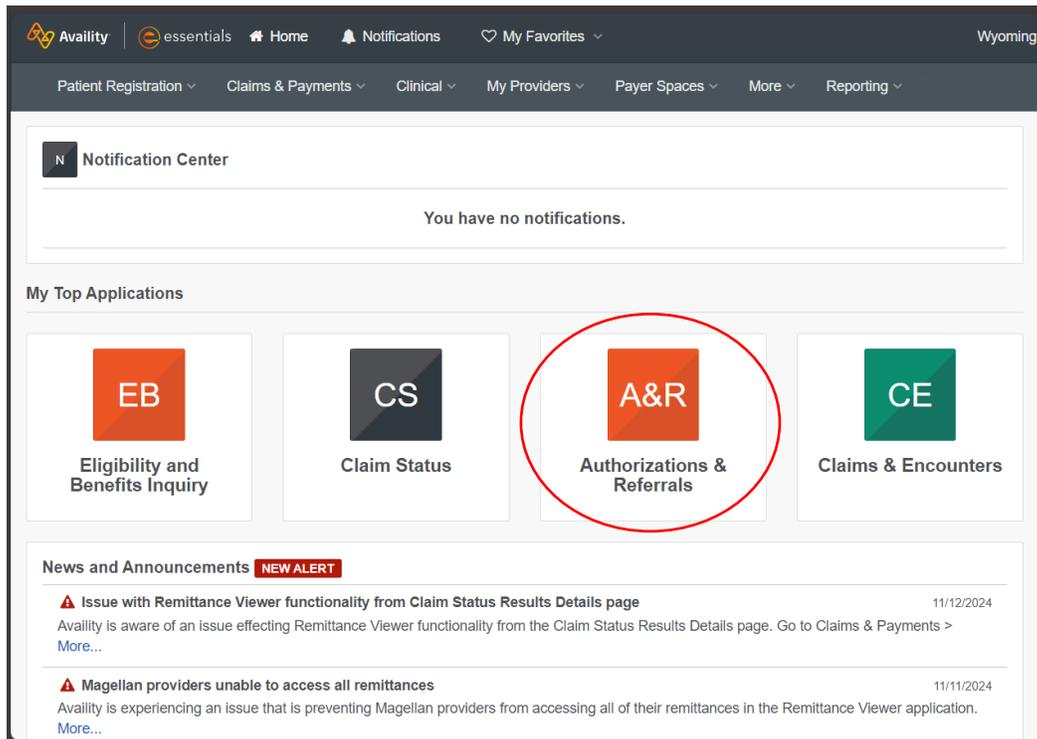
Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.

New to Availity?
 Create a free account and discover all the benefits of using Availity.

- ✓ Free, real-time access to hundreds of payers
- ✓ Check eligibility, submit claims, collect patient payments and track ERAs
- ✓ Update your provider profiles
- ✓ Manage quality-of-care paperwork

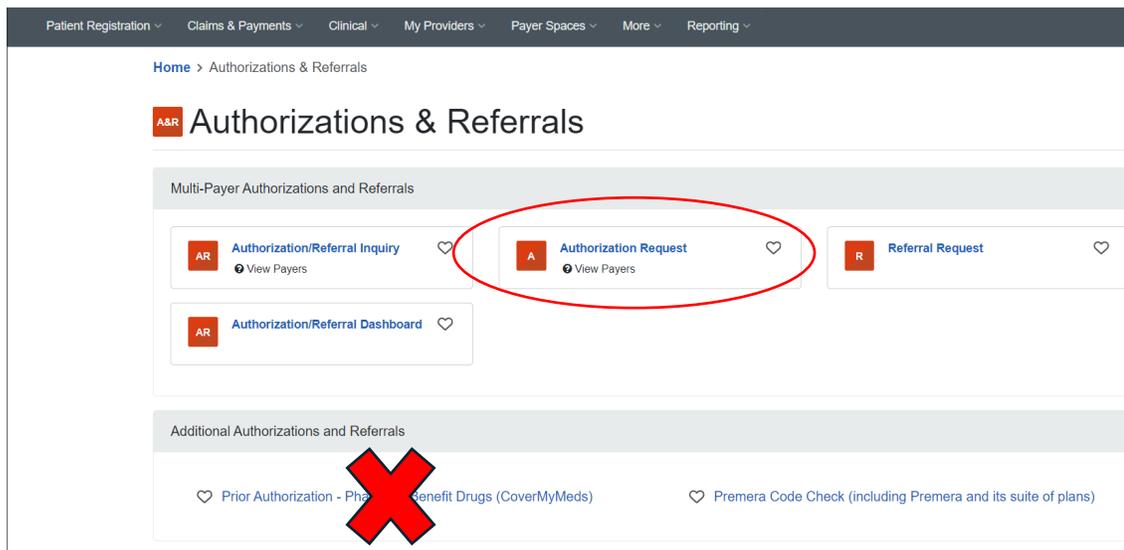
[Create a Free Account](#)

4. Select “Authorizations & Referrals.”



5. Select “Authorization Request.”

6. Do NOT select “Prior Authorization Pharmacy Benefit Drugs (Cover My Meds).”



7. Enter the following Payer information:
 - Select “BCBS Wyoming” for Organization.
 - For Payer, select “BCBSWY.”
 - For Request Type, select “Outpatient Authorization.”

8. Enter the Patient’s name, Member ID, and Procedure Code:
 - For Service From Date, enter today’s date.
 - If you need coverage of a medication for a previous date of service, input the date the member procured the medication or the date you will be submitting on a medical claim form.
 - For Procedure Code, select “J3490 – Drugs unclassified injection” if there is no CPT or HCPCS code (meaning the drug is only identifiable by a NDC number.)
 - If there is a CPT or HCPCS code, you must submit with this code.
 - Click “Next.”



9. If an authorization is needed, you will see “Auth Required” under Status.
 1. Click “Next Steps.”

Authorizations Give Feedback [Go to Dashboard](#) [New Request](#)

Transaction Type	Organization	Payer
Outpatient Authorization	BCBS Wyoming	BCBSWY

Transaction ID: 0006274a-dbcd-1268-0001-2856eac65163 Customer ID: 732268 Transaction Date: 2024-11-19

Authorization Required

Service From - To Date
2024-11-19

Procedure Code 1
J3490

Status
AUTH REQUIRED

[Print](#) [Next Steps](#)

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 Wyoming website.

10. Start the Authorization.
 - Complete the Patient, Member ID and requesting NPI.
 - Click “Retrieve Provider Info.”

Transaction Type	Organization	Payer
Outpatient Authorization	BCBS Wyoming	BCBSWY

PATIENT INFORMATION

Select a Patient (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

Member ID • ⓘ

Relationship to Subscriber • ⓘ

Patient Date of Birth • ⓘ

Date of Service

ORDERING/REQUESTING PROVIDER

Can't find who you are searching for? [Search Again](#) [Enter Manually](#)

NPI • ⓘ

[Retrieve Provider Info](#)

- Select Requesting Provider from the list provided.

ORDERING/REQUESTING PROVIDER

Can't find who you are searching for? [Search Again](#) [Enter Manually](#)

NPI

I don't know the Provider's NPI

PROVIDER SEARCH RESULTS

Provider Info Clinic/Practice Group Name	Identifiers	Address	Contact Information
			<input type="button" value="Select"/>

- Enter your fax number.
 - If you do not wish to receive a fax with the outcome of the authorization (approved / denied / additional information required), input 307-999-9999.
- Click "Next."

Phone

Extension optional

Fax

YOUR CONTACT INFORMATION

First Name

Last Name

Phone

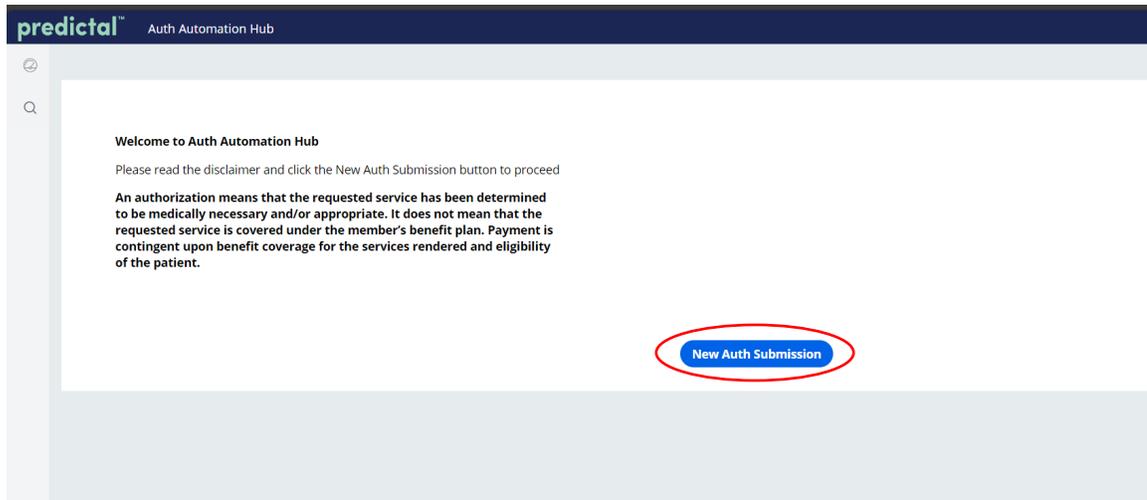
Extension optional

Email

v7.1120.4

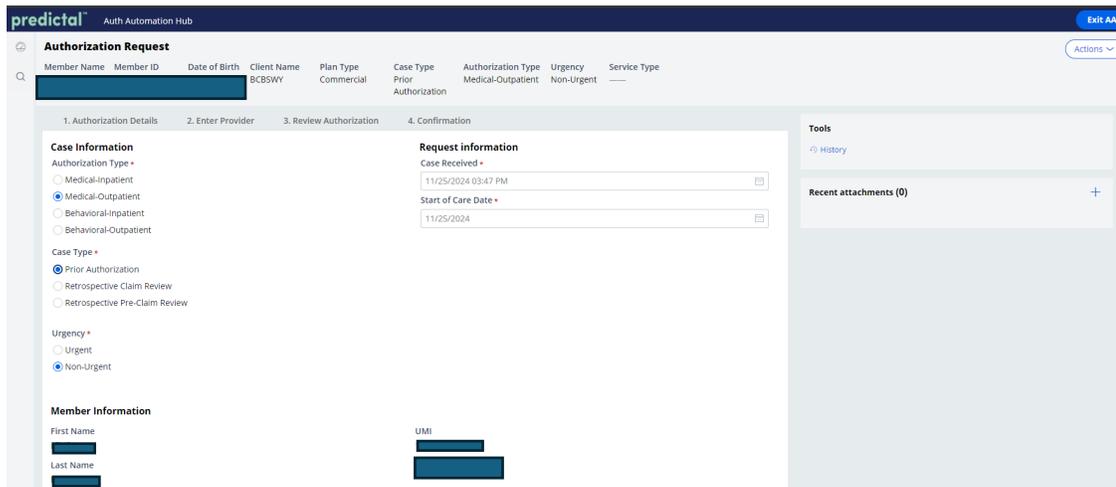


11. Click “New Auth Submission.”



12. Enter Auth Information.

- For Case Information, Authorization Type, select “Medical Outpatient.”
- For Case Type, select “Prior Authorization.”
 - Select Urgency.
 - According to Wyoming state law, “Urgent health care service’ means a health care service for which the application of the time periods for making a non-expedited prior authorization decision could, in the opinion of a physician with knowledge of the enrollee's medical condition: (A) Seriously jeopardize the life or health of the enrollee or the ability of the enrollee to regain maximum function; or (B) Could subject the enrollee to severe pain that cannot be adequately managed without the care or treatment that is the subject of the review. For purposes of this act, urgent health care service shall include mental and behavioral health care services.”



- Attach supporting documentation you saved as the first step in this process.
 - Click on the “+” under Recent attachments.
 - Upload the document.



- Detail Information
 - For Place of Service, select “Pharmacy (1)”.
 - For Service Type, select “Drug Pharmacy.”
- Diagnosis Information
 - Select “ICD10”.
 - Select relevant ICD10 Code. If more than one ICD10 Code is needed, click “Add”.

- Procedure Information
 - For Code Set Type, select “HCPCS.”
 - For Code, select “J3490”.
 - For From Date, select today’s date.
 - For Through Date, select 365 days from today.
 - Enter requested Units.
 - Select Unit Type.
- Specify requested drug under “Please enter any additional information.”
 - Click “Submit.”

11/19/2024 11/18/2025 365 1 Units Remove

Add

Indicate Location of Clinical Information

Clinical Document Type Found in Comment:

Select... Select... Remove

Add

Submitter Contact Information

Contact Name* Phone Number* Ext.

█ █

Please enter any additional information *

NA

Remaining: 7998 characters

Exit Save Submit

13. Enter Performing Provider information.

- If the performing provider is the same as the requesting provider, click “Copy as Performing Provider.”

predicial Auth Automation Hub Exit AA

Authorization Request Actions

Member Name Member ID Date of Birth Client Name Plan Type Case Type Authorization Type Urgency Service Type

█ BCBSWY Commercial Prior Authorization Medical-Outpatient Non-Urgent Drug Pharmacy

1. Authorization Details 2. Enter Provider 3. Review Authorization 4. Confirmation

To select a provider, click on the search results table to expand the facility/vendor and then highlight the correct address to select.

Provider Details

Ordering/Attending Provider

1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
█	█	█	█	CHEYENNE	WY	82001

Copy as Servicing Facility Copy as Performing Provider

Tools

History

Recent attachments (0)

 To select a provider, click on the search results table to expand the facility/vendor and then highlight the correct address to select.

Provider Details
Ordering/Attending Provider
1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
				CHEYENNE	WY	82001

Addresses

Practice Group Tax ID Practice Group BSID Practitioner BSID

Address type	Practice Group Address	Practice Group City	State	Zip code	Contact Details
Main					Edit

Tools
[History](#)

Recent attachments (0) +

Servicing Facility/Vendor

Search for

- Facility / Vendor Ambulatory Service Center

Search by

- Provider ID Name

Search for

- NPI or BSID

NPI or BSID

Search

- Make sure to enter the requester in the “Authorization Request Submitted By” in the lower left corner.
- Click “Submit.”

Performing Provider

Search for
 Practitioner Practice Group

Search by
 Provider ID Name

NPI or BSID

1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CHEYENNE	WY	82001

Authorization Request Submitted By +

14. Review the prior authorization.

Review the information you've entered. You can use the Back button to make corrections. When you are ready, click the Submit button to finalize your request.

Review Authorization Details

Case Information
 Authorization Type: Medical-Outpatient Urgency: Non-Urgent

Request information
 Start of Care Date: 11/25/2024

Member Information
 First Name: [REDACTED] Member ID: [REDACTED]
 Last Name: [REDACTED]

> **Group Information**

Detail Information
 Place of Service: Pharmacy (1) Service Type: Drug Pharmacy

History

Recent attachments (1)

 [REDACTED]

Diagnosis Information

Code Set Type	Code	Description
ICD 10	[REDACTED]	[REDACTED]

Procedure Information

Code Set Type	Code	Description	From	Requested Quantity	Type
HCPCS	J3490	UNCLASSIFIED DRUGS	11/19/2024	1	Units

Submitter Contact Information

Contact Name	Phone Number
[REDACTED]	[REDACTED]

Provider Details

Ordering/Attending Provider SUBMITTED BY THIS PROVIDER

Provider ID: [REDACTED] Provider Name: [REDACTED]

- Click “Back” at the bottom of the screen to make changes.
- Click “Save” to record your selections, but not to submit.
- Click “Submit” when you are ready to finalize the authorization.

Servicing Facility/Vendor

Provider ID: [REDACTED] Provider Name: [REDACTED]

Performing Provider

Provider ID: [REDACTED] Provider Name: [REDACTED]

Back

Save
Submit

15. Your authorization request is complete!

- The AUTH-XXXXX number in the bold text is the reference number.
- Click “Exit AAH” at the top right of the screen.
 - If you do not click “Exit AAH” and you submit another request, you may encounter errors like not clearing your cache in other programs.

predical Auth Automation Hub Exit AAH

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
[REDACTED]	[REDACTED]	[REDACTED]	BCBSWY	Commercial	Prior Authorization	Medical-Outpatient	Non-Urgent	Drug Pharmacy

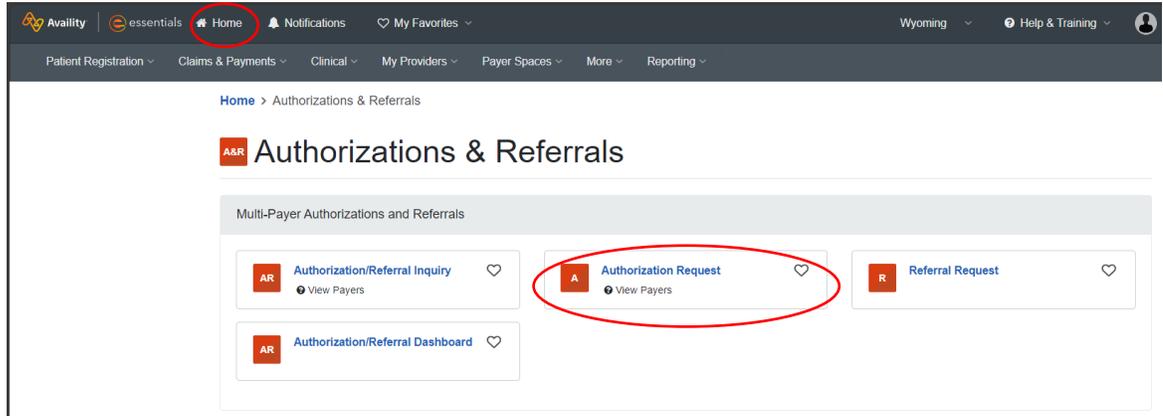
Thank you.

Your request for AUTH-396042 has been submitted and is pending review. You will receive notification of a determination or if additional information is required.

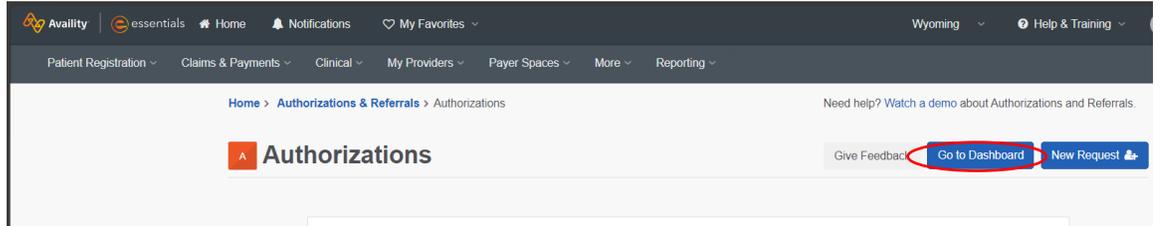
An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

15. To check your requests in your Availity dashboard, go to “Home.”

- Select “Authorization Request.”



- Click on “Go to Dashboard.”



16. Your requests will be listed:

