

Extending an Inpatient Preauthorization

The iExchange® Web tool supports direct submission and provides online approval of benefits for preauthorization requests. Listed below are the steps for submitting an inpatient benefit preauthorization extension request to Blue Cross and Blue Shield of Texas (BCBSTX). Extension requests should be submitted prior to the expiration of the original request. iExchange is available 24 hours a day, 7 days a week – with the exception of every third Sunday of the month when the system will be unavailable from 11 a.m. to 3 p.m., CT. **If you are an out-of-area provider, please go to step 2. For assistance with iExchange access, please reference the Pre-service Review tip sheet when servicing local and out-of-area members.**

Direct Access (Available to Texas contracted providers only)

- **User ID** – Each user will be assigned a unique User ID by their organization's iExchange Administrator.
- **iExchange ID** – A unique number BCBSTX assigns to provider organizations registered with iExchange.
- **Password** – New users are supplied a temporary password by their iExchange Administrator.




Provider login

User ID

iEXCHANGE ID

Password

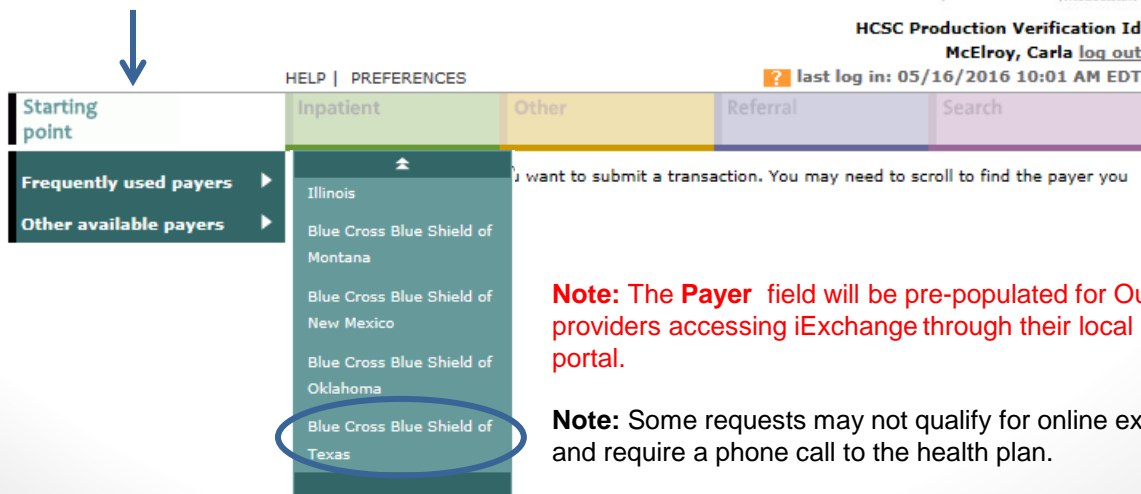
 [Forgot your password? Click here.](#)

Not yet registered? Click [here](#) to sign up today.

Note: For Single Sign-on (SSO) access for local contracted providers, please reference the tip sheet *Pre-service Review for an out-of-area member*.

Submitting a Extension Request

1. After logging into iExchange, users can access **Frequently used payers** from the **Starting point** menu. From the payer list, users can select Blue Cross Blue Shield of Texas. This will activate the iExchange toolbar.



The screenshot shows the iExchange interface. At the top, there's a header with "aerial | iExchange | meddecision" and "HCSC Production Verification Id McElroy, Carla [log out](#)". Below this, a navigation bar contains "Starting point", "Inpatient", "Other", "Referral", and "Search". The "Starting point" menu is open, showing a list of payers: "Illinois", "Blue Cross Blue Shield of Montana", "Blue Cross Blue Shield of New Mexico", "Blue Cross Blue Shield of Oklahoma", and "Blue Cross Blue Shield of Texas". The "Blue Cross Blue Shield of Texas" option is circled in blue. To the right of the payer list, there's a message: "You want to submit a transaction. You may need to scroll to find the payer you".

Note: The **Payer** field will be pre-populated for Out-of-area providers accessing iExchange through their local plan portal.

Note: Some requests may not qualify for online extension and require a phone call to the health plan.

2. After clicking the Inpatient tab, select Extend inpatient request to begin.



HELP | PREFERENCES

Inpatient

Other

Referral

Search

New inpatient request

Extend inpatient request

Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

New inpatient request

Click the **New inpatient request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

Extend inpatient request

Click the **Extend inpatient request** link, above. You will first search for the inpatient treatment you wish to extend.

3. Out-of-area providers only – If multiple providers have been identified, you will be prompted to select the submitting provider in order to initiate your extension request. If not, go to step 4.

Note : The MCO ID selected for the initial request must be retained for extension and search requests.

	Name	MCO ID	NPI	Address	Specialty	Phone
Select	Providence St Mary Medical Center	X430000000074966401	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804201	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804101	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320

4. From the Treatment search screen, select Request ID as the Search type.

Enter the Request ID with the alpha characters in all caps for the request you want to extend. Choose All providers from the Authorized provider(s) drop-down list and click Submit search.

Treatment search

Use this page to search for existing inpatient requests, other requests and/or referral requests for a member(s) associated with an authorized provider in your group. This association may include submitting providers, servicing providers, facility providers, attending providers and/or the member's PCP.

Payer Notice:
To locate a treatment search by Member ID, enter the Member ID minus the three letter alpha prefix and click the Member search. To complete a search for a Federal employee, include the letter "R."

Search type Request ID

Request ID 12345AABBC

Authorized provider(s)
Select one, multiple, or all authorized providers in the list. The providers in the list are providers in your group who have been approved by the payer you have selected for use in treatment search.

All providers

Name	MCO ID	NPI ID	Additional info	Remove
All providers				X

Submit search Clear form Cancel


- | | | | |
|-------------------------|------|---------|-------------------|
| Request ID 12345AABBC | | | Request actions ▼ |
| Summary | | | |
| LOS start/end date | Days | Status | Extend |
| 12/30/2015 - 12/31/2015 | 1 | APPROVE | <u>Extend</u> |

- Inpatient request extension entry

Use this page to extend an inpatient request. Once you enter the appropriate information click **Next step**. iExchange evaluates your inpatient request extension and displays the Inpatient request extension preview page.

Request being extended

Member	Smith, John	Member ID	999999999
Facility Name	James Community Hospital	Facility ID	99999999999999
Admit date	12/30/2015	To date	01/01/2016
Treatment setting	Acute		
View request details			

- Submitting provider** James Community Hospital - 99999999999999 - 9999999999 



[Submitting provider summary](#)

Is this an emergency?

☒ No ☐ Yes



Extension primary diagnosis

Enter Diagnosis code or select one from the list



ICD10  R07.9 Chest Pain (unspecified) - R07.9 

[Diagnosis search](#)

Secondary diagnosis (optional)


ICD10  

Secondary diagnosis (optional)

ICD10  

Attending physician


Select attending physician from the list or search for ID

Dr. Noel Jones - 123456789 

[Attending physician summary](#) [Provider search](#)

Additional requested LOS units

LOS bed type (optional)



8. Users are encouraged to include their name, direct phone number and email address in the Additional notes field. Once all necessary fields have been completed, select **Next step** to move to the Inpatient request preview screen.

Additional notes (optional)

Next step

Cancel

Note: Contact Name, Phone and email will pre-populate for an out-of-area provider

9. Scroll down on the Inpatient request extension preview screen to review the entered information for accuracy. If the information is correct, click **Submit**.

Inpatient request extension preview

Review your inpatient extension request information here. If everything is correct, click the **Submit** button to save your extension and open the Inpatient request extension confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this request was current when you clicked **Next step**. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request status will be assigned when you click **Submit**.

Summary		
LOS start/end date	Days	Projected status
12/30/2015 - 12/31/2015	1	APPROVE
12/31/2015 - 01/03/2015	3	PEND

Note: This shows a projected status for this request upon submission.

10. The Inpatient request extension confirmation page will display the assigned Request ID, request Status and the **Attach file** link to submit clinical documentation.

Inpatient request extension confirmation

This page contains inpatient request extension information including the request ID and status, the member's name and ID, and the extended procedures. The procedure information includes the procedure description, length of stay units and the status of the inpatient request extension.

When you clicked the **Submit** button, iExchange re-evaluated the data that appeared in the Preview. The inpatient extension request status may have changed if eligibility or other data changed in the interim.

Request ID:12345AABBC [Attach file](#)

Summary		
LOS start/end date	Days	Status
12/30/2015 - 12/31/2015	1	APPROVE
12/31/2015 - 01/03/2015	3	PEND

IMPORTANT! Clinical documentation is not required for requests that receive an Approved status upon submission.

11. Enter the **Title** of the member's clinical documentation associated with the predetermination request and select **Browse** to upload the file.

Request Attachments

Attach new file

Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

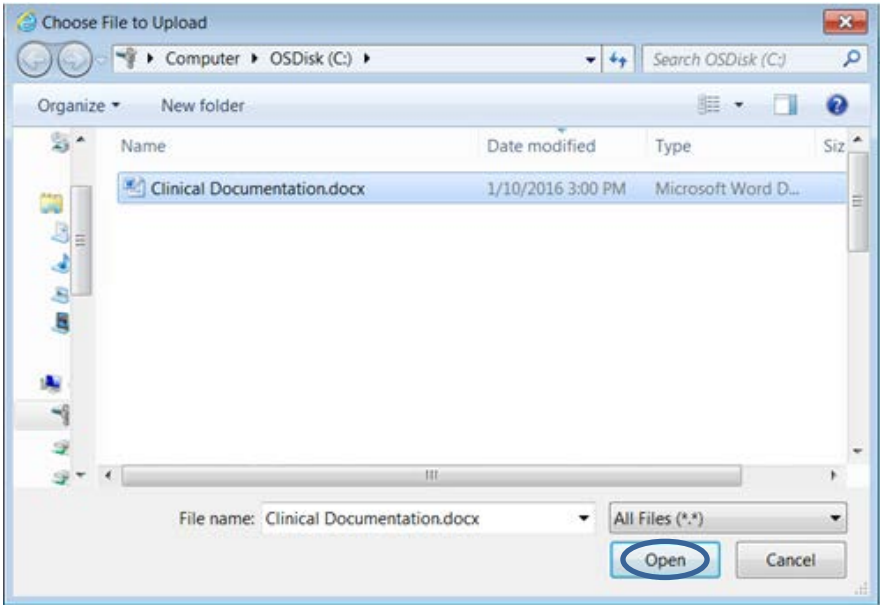
Title: Clinical Documentation

Attachment:

Browse...

Attach

12. Select the document you want to upload to attach to the request and select **Open**.



13. Click **Attach** to upload the file.

Request Attachments

Attach new file

Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

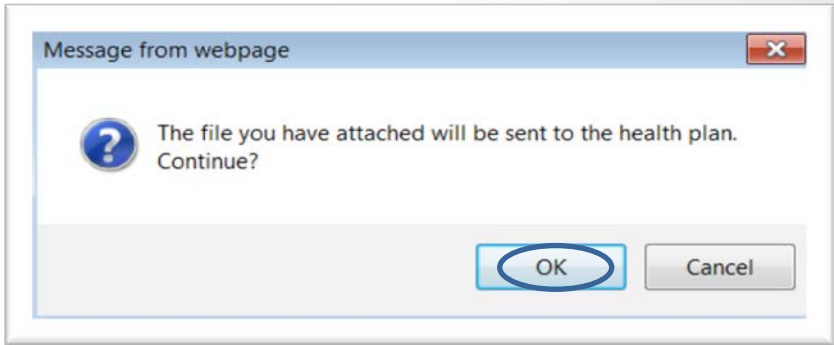
Title: Clinical Documentation

Attachment: C:\Clinical Documentation.docx

Browse...

Attach

14. Click **OK** to continue with attaching the file?



15. Informational message will display with the status of the attachment.

Informational
The file selected has been successfully attached and will be sent to the health plan.

Attachment	Title	Received by health plan
Clinical-Documentation.docx	Clinical Documentation	In progress

16. Date and time will display when attachment is received by the health plan.

Attachment	Title	Received by health plan
Clinical Documentation – <u>EXCHANGE</u> TS-2016-01-13-01.14.15.870.docx	Clinical Information	➡ 01/13/2016 - 01:14 PM

Availity is a registered trademark of Availity, L.L.C., an independent third-party vendor. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by Availity. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

Please note that the fact that a service has been preauthorized/pre-certified 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.