

Extending an Outpatient 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 outpatient 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

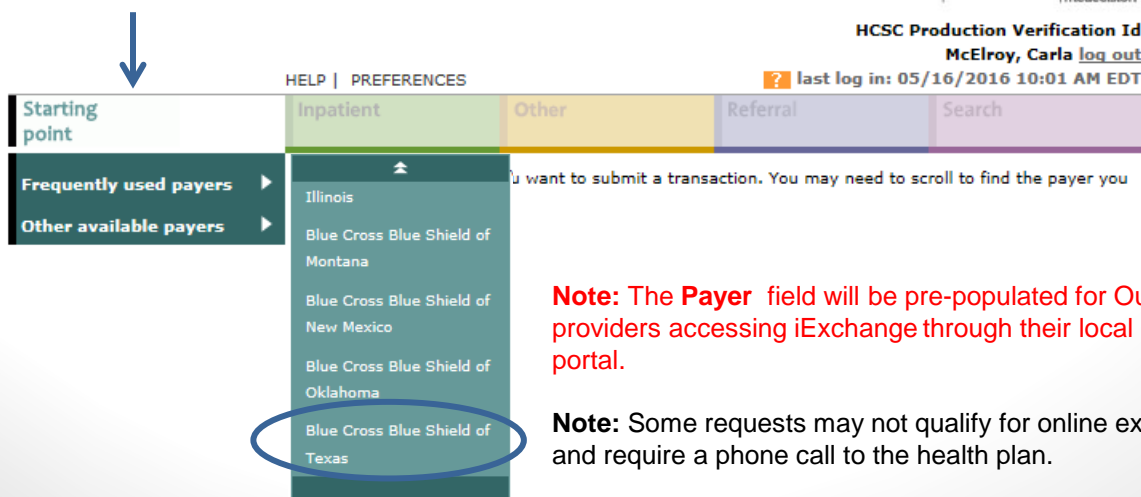
 [Forgot your password? Click here.](#)

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 an 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.



Starting point

Frequently used payers

Other available payers

HELP | PREFERENCES

Inpatient **Other** **Referral** **Search**

Illinois

Blue Cross Blue Shield of Montana

Blue Cross Blue Shield of New Mexico

Blue Cross Blue Shield of Oklahoma

Blue Cross Blue Shield of Texas

aerial | **iExchange** | **meddecision**

HCSC Production Verification Id

McElroy, Carla [log out](#)

last log in: 05/16/2016 10:01 AM EDT

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 **Other** tab, select **Extend other request** to begin your request.

Inpatient

Other

Referral

Search

New other request

New other behavioral health request

Extend other request

Other instructions

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

New other request

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

New other behavioral health request

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

Extend other request

Click the **Extend other request** link, above. You will first search for the other 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

2

5. From the Treatment search details screen, click the **Extend** link to begin your extension request.

Request ID 12345AABBC

Request actions ▾

Summary			
LOS start/end date	Days	Status	Extend
12/30/2015 - 12/31/2015	1	APPROVE	Extend

6. Scroll down on the Inpatient request extension entry screen to view the summary of the original preauthorization request.

Other request extension entry

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

Service being extended

Member	Smith, John	Member ID	999999999
Procedure	G0154 - Direct skilled nursing services of a licensed nurse (lpn or rn) in the home health or hospice setting, each 15 minutes		
Start date	11/25/2015	End date	01/23/2016
Place of service			
View request details			

7. The information from the original request will default to the Inpatient request entry screen. Use the drop down arrow to answer if the request is an emergency. Also enter the additional number of days for the extension in the **Additional requested LOS units** field.

Submitting provider

Dr. Carla James - 123456789

[Submitting provider summary](#)

Is this an emergency?

No

Yes

Extension primary diagnosis

Enter Diagnosis code or select one from the list

ICD10 ▾ Z47.1 ▾

Diagnosis search

Secondary diagnosis (optional)

ICD10 ▾ ▾

Secondary diagnosis (optional)

ICD10 ▾ ▾

Additional requested units

10

Extension start date

1 / 23 / 2016 (mm/dd/yyyy)

Extension end date

2 / 23 / 2016 (mm/dd/yyyy)

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)

iEXCHANGE Notes

Next step

Cancel

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

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

Other request extension preview

Review your other request extension information here. If everything is correct, click the **Submit** button to save your extension and open the Other 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

Service	Code	Start/end date	Units	Projected status
1	G0154	11/25/2015–01/23/2016	10	Approved
		01/23/2016–02/23/2016	10	Pend

Edit

Submit

Cancel

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

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

Other request extension confirmation

This page contains other request extension information including the request ID and status (authorized or pend), the member's name and ID, and the extended procedures. The procedure information includes the procedure description, units, and the status of the other request extension.

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

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

Summary

Service	Code	Start/end date	Units	Status
1	G0154	11/25/2015–01/23/2016	10	Approved
		01/23/2016–02/23/2016	10	Pend

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

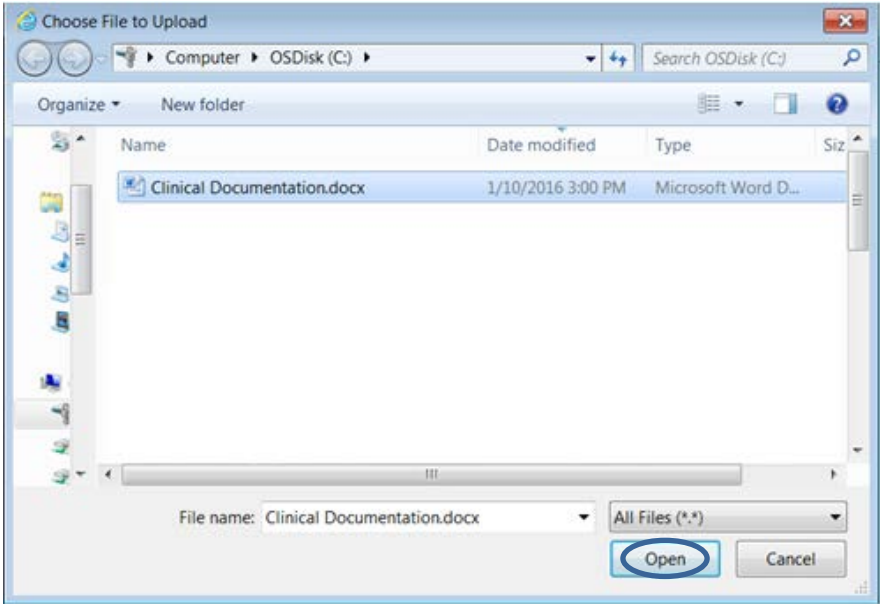
Title: Clinical Documentation

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

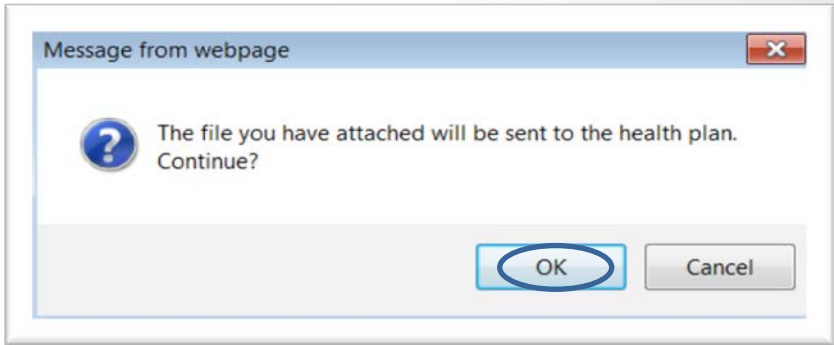
Title: Clinical Documentation

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.

Attached Files		
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.

Attached Files		
Attachment	Title	Received by health plan
Clinical Documentation – iEXCHANGE TS-2016-01-13-01.14.15.870.docx	Clinical Information	➡ 01/13/2016 - 01:14 PM

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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.