

# Submitting 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). 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

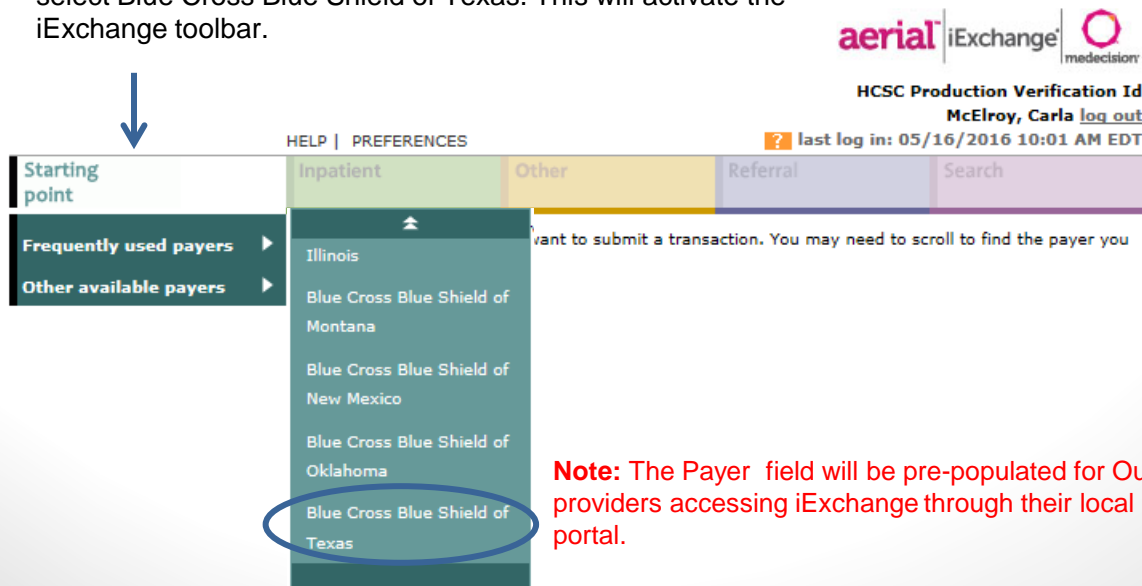
 [Forgot your password? Click here.](#)

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 Preauthorization 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 is a header with the 'aerial' logo, 'iExchange', and 'meddecision'. Below this, it says 'HCSC Production Verification Id' and 'McElroy, Carla' with a 'log out' link. A status bar indicates 'last log in: 05/16/2016 10:01 AM EDT'. The main menu on the left includes 'Starting point', 'Frequently used payers', and 'Other available payers'. The 'Starting point' menu is expanded, 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 menu, there is a text prompt: '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.

2. After clicking the **Other** tab, select **New other request** to begin.

Inpatient

Other

Referral

Search

New other request

New other behavioral health request

Extend other request

Add other services

**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.

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 request. If not, go to step 4.

	Name	MCO ID	NPI	Address	Specialty	Phone
Select	Providence St Mary Medical Center	X43000000074966401	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 **Outpatient request entry** screen, click the **Member search** button. Users will be asked to supply the BCBSTX Member ID number to continue their search. After entering the Member ID, click **Submit search**.

Member search

**Member ID search**  
**Member ID**  
Enter the ID of an individual member  
  
**Date of birth**  
optional  
Enter the member's date of birth  
 /  /  (mm/dd/yyyy)  
**First name**  
optional  
Enter the first name of the member  
  

Submit search

Clear form

Cancel

**Note:** Enter Member ID minus the three character prefix. Include the letter "R" for federal employees.

[ 2 ]

5. From the patient listing, select **View existing requests** to review additional requests for the member. Then click the **Select** button.

	Member name	Date of birth
<div><div>Select</div><div><a href="#">View details</a> <a href="#">View existing requests</a> <a href="#">View health summary</a></div></div>	Doe, Jane	08/31/2004

**Note:** View existing requests must be selected in order for the **Select** button to be enabled. If existing requests are located, please select **Return to member search** at the bottom of the screen to return to the Member search result screen.

6. After the Member ID has populated to the **Other request** entry screen, please provide the following information: Submitting provider, Servicing provider, Attending physician, Treatment setting and Primary diagnosis.\*

\*The **Servicing provider**, **Attending physician** and **Primary diagnosis** can be selected from their corresponding drop-down lists; otherwise, users can utilize the **Provider search** and **Diagnosis search** buttons to manually add this information.

**Tip:** Use the following Treatment Settings when submitting a preauthorization request; **ASC, Home, Outpatient and Provider Office**

**Other request entry**  
Once you enter the General information and Services information click **Next step**. iExchange evaluates your other request and displays the Other request preview page.

**Tip: (Local Providers)**The **Submitting provider** is the provider organization submitting the actual predetermination request. To add additional names to your **Submitting provider** list, contact your iExchange Administrator.

Notification date

01/06/2016 (mm/dd/yyyy)

Member ID

999999999

Member search

Submitting provider

Home Health Solutions - 123456789

Submitting provider summary

Servicing provider

Home Health Solutions - 123456789

Servicing provider summary

Provider search

Attending physician

Dr. Charles Brown - 987654321

Attending physician summary

Provider search

Treatment setting

Outpatient

Primary diagnosis

ICD10 999.99

Diagnosis search

Secondary diagnosis (optional)

ICD10

Secondary diagnosis (optional)

ICD10

**Tip:** The **Attending physician** is the supervising physician at the facility where services are being rendered.

7. For Service one, please provide the Procedure code, Unit(s), Treatment type, Start date and End date.\*

Service 1

Procedure

Enter Procedure code or Select from Short list

999

Procedure search

Unit(s)

10

Treatment type

Treatment or service type

Start date

01

/

01

/

2016

(mm/dd/yyyy)

End date

02

/

01

/

2016

(mm/dd/yyyy)

\*The Procedure code can be selected from the corresponding drop-down list; otherwise, users can utilize the **Procedure search** button to manually add this information.

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

Additional notes (optional)

iEXCHANGE Notes

Next step

Cancel

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

Other request preview

Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other request 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 other 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 reference number will be assigned when you click **Submit**.

If supported by the payer, you have an option to select to add additional services to the request. Click the **Submit and add services** button to save your request with the services already entered and open the Additional other services entry page.

Edit

Submit and add services

Submit

Cancel

10. The Outpatient request confirmation page will display the assigned Request ID, request Status and the [Attach file](#) link to submit clinical documentation.

**Other request confirmation**

This page contains other request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The other request 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	999	01/01/2016 – 02/01/2016	10	Pend

11. Enter the Title of the member's clinical documentation associated with the preauthorization request and select [Browse](#) to upload the file.

**Request Attachments**

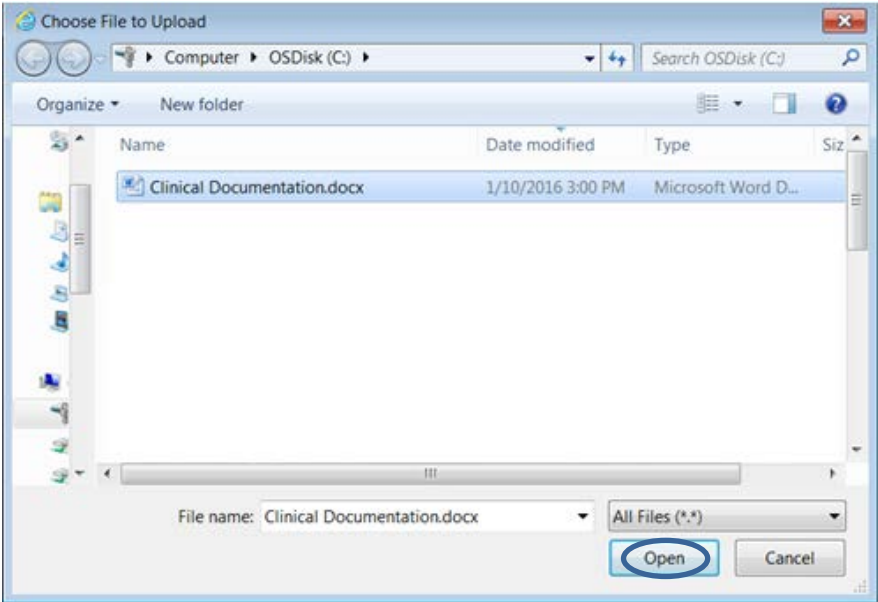
**Attach new file**  
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

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.docxBrowse...

Attach

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

Message from webpage

?

The file you have attached will be sent to the health plan. Continue?

OKCancel

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.

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:

Attachment:Browse...

Attach

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.

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:

Attachment:Browse...

Attach

Attached Files

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

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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.