

Submitting a Referral Request

The iEXCHANGE web-based tool supports direct submissions and provides online approval of benefits for preauthorization requests. Listed below are the steps to submit a referral 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 a local and out-of-area member.**

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

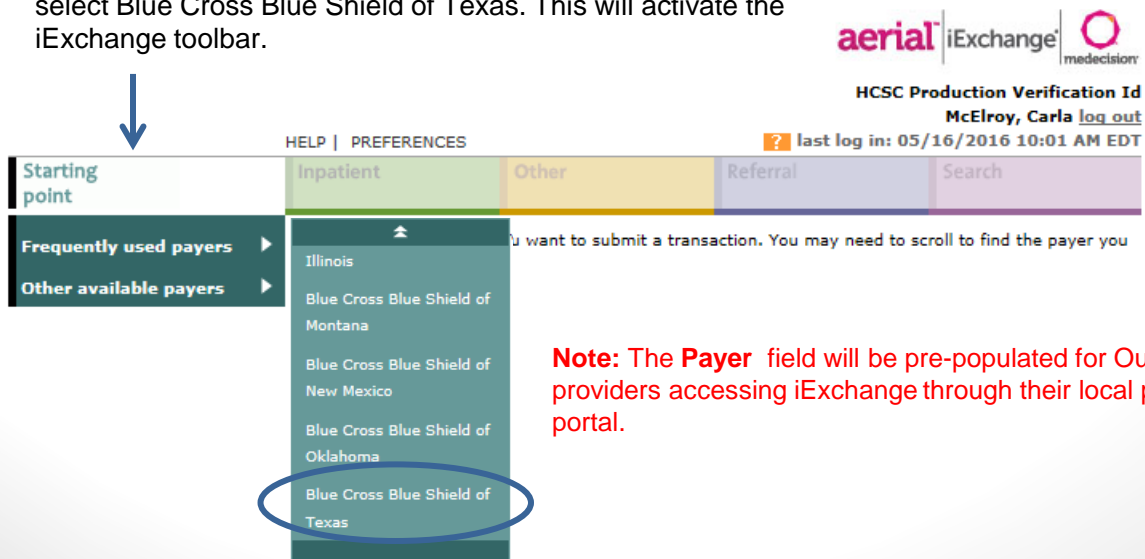
 [Forgot your password? Click here.](#)

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

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 Referral 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 are logos for aerial, iExchange, and meddecision. Below the logos, it says "HCSC Production Verification Id" and "McElroy, Carla log out". There is also a "last log in: 05/16/2016 10:01 AM EDT" message. The main menu has tabs: "Starting point", "Inpatient", "Other", "Referral", and "Search". The "Starting point" tab is active, showing a "Frequently used payers" section. A dropdown menu is open under "Frequently used payers", listing several 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. A blue arrow points from the "Frequently used payers" text in the list group to the dropdown menu.

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

2. After clicking the **Referral** tab, select *New referral request*.

Inpatient

Other

Referral

Search

New referral request

Referral instructions

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

New referral request

Click the **New referral request** link, above. A blank Referral request entry page appears. You can add a member ID and all referral 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 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 **Referral 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

Note: Enter the Member ID minus the 3 character prefix. Include the letter "R" for federal employees.

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)

2

First name
optional
Enter the first name of the member

Submit search

Clear form

Cancel

Note: If multiple policies exist, users will be asked to supply the member's date of birth.

5. From the patient listing, select **View existing requests** to view other requests already submitted for the member. Then click the **Select** button.

	Member name	Date of birth
<div>Select</div> <div>View details View existing requests View health summary</div>		08/31/2004

Note: View existing requests must be selected in order for the **Select** button to be enabled.

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

*The *Servicing provider* 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. Users can also contact their iExchange Administrator to have additional names added to their *Servicing provider* drop-down list or diagnosis codes added to the *Primary diagnosis* drop-down list. **The Submitting provider field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.**

Referral request entry

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

Notification date

01/08/2016 (mm/dd/yyyy)

Member ID

999999999

Member search

Submitting provider

Dr. Charles Brown - 987654321

Submitting provider summary

Servicing provider

Dr. Carla James - 123456789

Servicing provider summary

Provider search

Treatment setting

Referral

Treatment type

Referral

Primary diagnosis

ICD10 A99.99

Diagnosis search

Secondary diagnosis (optional)

ICD10

Secondary diagnosis (optional)

ICD10

Tip (BCBSTX Providers): The Submitting provider submits referral requests on behalf of Servicing providers.

Tip: The Servicing provider is the individual conducting the actual services for the member.

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

*A *Procedure code* can be selected from the corresponding drop-down list; otherwise users can utilize the **Procedure search** button to manually add this information. Users can also contact their iExchange Administrator to have additional procedure codes added to the drop-down list.

➡

Procedure
Enter Procedure code or Select from Short list

99244

Procedure search

➡

Unit(s)

15

➡

Place of service
(optional)

Office

▼

➡

Start date

01

/

10

/

2016

(mm/dd/yyyy)

➡

End date

04

/

10

/

2016

(mm/dd/yyyy)

8. Users also have the option to add additional service lines and notes to their referral request. Once all necessary fields have been completed, select **Next step** to move to the **Referral request preview** screen.

Additional notes (optional)

iEXCHANGE Notes

Note: Contact Name, Phone and email will pre-populate for an out-of-area provider in the Additional notes field.

Next step

Cancel

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

Referral request preview

Review your referral request information here. If everything is correct, click the **Submit** button to save your request and open the Referral request confirmation page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of this referral 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 case and referral request reference numbers will be assigned when you click **Submit**.

Edit

Submit and add services

Submit

Cancel

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

Referral request confirmation

This page contains referral request information including the case ID and status (authorized or pend), the member's name and ID, and the referred services. The service information includes the service description, service dates, units/visits, the status of the referral request and the referral request reference numbers. The name and ID of the submitting and servicing providers also appear.

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

Request ID: **16000AABBC** [Attach file](#)

Summary					
Service	Code	Start/end date	Units	Status	Extend
1	99244	07/07/2016 - 12/31/2016	6	APPROVE	

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

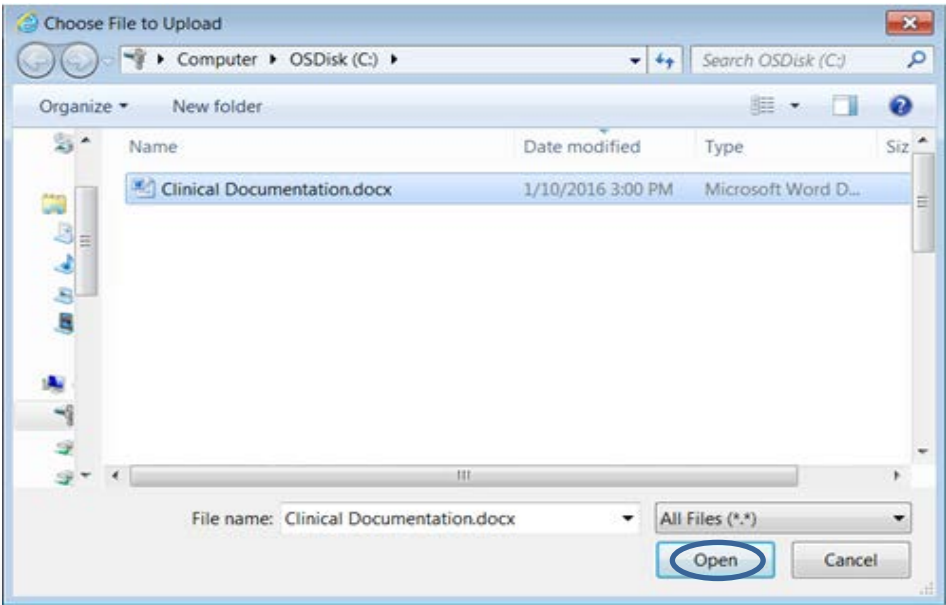
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

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.