CareAdvance Provider™ (CAP)
Quick Navigation Desk Top Guide
Inpatient Authorization Requests

Follow the steps below to create and submit an Inpatient authorization request.

Note: Requests for URGENT Elective Inpatient services can be obtained by following the steps below but you must also call Customer Care with the case number.
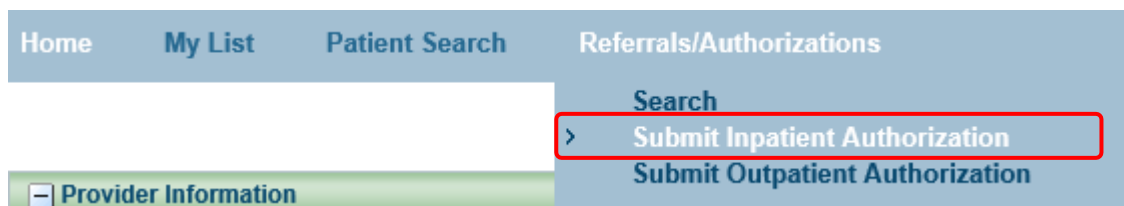
1. Log in to **ExcellusBCBS.com**.

2. Locate the CareAdvance Provider™ (CAP) link and log in utilizing your provided login credentials.

3. Click the drop-down arrow to choose the correct provider:
   - *NOTE: the provider chosen MUST be the same as the servicing/referring provider that you will be entering in the authorization. If you have multiple NPI's or locations, ensure that you have chosen the correct NPI and location.*

4. Click Referrals/Authorizations:

5. Select "Submit Inpatient Authorization".

6. Enter patient's ID (do not add the alpha prefix or suffix) **OR** enter patient's last name, first name **and** date of birth. *If patient has dual coverage, enter a separate authorization request for both policies.

> Last name, first name and DOB must be entered together

7. Click "Search".

8. Select correct patient by clicking on the patient's name:

> You can click on "View" for more information on the patient, however a full eligibility check should be done prior to logging into CAP.

9. Complete all the required fields (indicated with *):

- **Contact Information:** Name and phone number where you can be reached directly.

- **Admission Date**: Can backdate up to five days or go forward 90 days.
    - *TIP: You can change a date of service if the authorization is still in pending status. Once the authorization has been approved or denied, you will need to send a note in the "Case Communication" section of the authorization requesting the date of service change.*
- **Length of Stay:** Enter estimated length of stay.
- **Type of Care:** Select one of these choices only: Mental Health; Substance Use, Inpatient Urgent (for urgent admissions only-NOT for elective admissions); Medical/Surgical; Transfer or Transplant).
- **Bed Type:** Select correct bed type.
- **Place of Service:** Select correct place of service.
    - *TIP: You can change a place of service if the authorization is still in pending status. Once the authorization has been approved or denied, you will need to send a note in the "Case Communication" section of the authorization requesting the place of service change.*
- **Primary Diagnosis Code:** Enter diagnosis code. If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description on the Search tab. You can search for codes by number, description or in your saved Bookmarks (also see page 10).

- **Procedure Code Type**: Select CPT or HCPCS.
  - ❖ **For acute inpatient admissions, select CPT.**
- **Primary Procedure Code**: Enter procedure code. If the procedure code is unknown, you can search for it by a partial (or full) code number or English description on the Search tab. You can search for codes by number, description or in your saved Bookmarks (see page 10)
  - ❖ **For acute inpatient admissions, enter 99221**

- **Referring Provider Name, ID**: The default value will display as the provider that is in focus.
- **Servicing Provider Name, ID**: Enter the servicing provider.
- **Servicing Facility Name, ID**: Enter the servicing facility.
- **Admitting Provider Name, ID**: Enter the admitting provider.

10. **OPTIONAL:** The "**Add Service" button** is found on the bottom right of the "Submit Inpatient Authorization" screen. Click this button to add an additional related service for this member, if needed. You can add multiple related procedure codes/services all in one authorization (e.g., multiple codes for a spine surgery). Do not combine different services on one authorization. Enter separate authorization requests for different services (e.g., Spine Surgery and knee surgery would require separate authorizations).

11. Once finished, click Submit to process or Cancel to delete without processing.

12. The authorization will appear. Check the "My List" box so that the authorization will appear in your "My List". **If you navigate away, be sure to check back for any further action required.** *Tip: The "My List" will only hold 20 authorizations. Once an authorization is approved, uncheck the "My List" box to add room for future pended authorizations.*

13. After submitting the request, you may be instructed to perform additional actions as shown in the example below ((i.e., attaching clinical, completing a review, etc.). All actions must be completed for each authorization. If the required actions are not completed, it will delay the process of the authorization.

   **NOTE: After clicking on "Submit", A pre-authorization check will run.

   ▪ If a pre-authorization is required, a message appears and the authorization requirement for each procedure and service is noted.
   ▪ If a partial pre-authorization is required, a message appears stating that an authorization is not required for what you attempted to submit. If an authorization is required only for some of the procedures (e.g., three procedures require an authorization, while two do not), a new case is created for the procedures requiring authorization, excluding the procedures that do not require authorization.
   ▪ If **none** of the procedures/services entered in CAP require an authorization, then no case is created and a note in the patient's record documents the CAP user's attempt to submit an authorization.

   13a. If an action is displayed to complete a review (see example above), click on the hyperlink "InterQual™ Criteria" and complete the review. You will be directed to the "Change Healthcare" InterQual™ site.
   Click on "Medical Review" and answer questions appropriately.
   *If there is not an action to complete a Medical Review (acute inpatient admissions), please proceed to step 14.

13b. Once all questions have been completed, click on "View Recommendations:

No remaining questions. Click View Recommendations to continue.

PREVIOUS   SAVE REVIEW   VIEW RECOMMENDATIONS ⊘

13c. If the review **met** criteria, the requested CPT or HCPS code/description will appear (if the review did not meet criteria, proceed to step 13e.). Click "Complete".

Recommended *Evidence supports services as medically necessary.*

Hysterectomy +/- BSO or Bilateral Salpingectomy for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding   Show codes

Note

Recommendation(s) no longer available *Why didn't a recommendation meet criteria?* ❓

PREVIOUS   SAVE REVIEW   COMPLETE ⊘   REVIEW SUMMARY ⊘

13d. Click "Yes" to continue and the proceed to Step 14.

❗ Warning

Completing the Medical Review will lock it from any further edits.

Continue?

YES   NO

13e. If the review did **not meet** criteria, a message will appear stating the service is not recommended. If you still wish to submit the authorization for Medical review, click "Complete".

Recommendations

Not Recommended *Current evidence does not support procedure in this clinical scenario*
Recommendation(s) no longer available *Why didn't a recommendation meet criteria?* ❓

PREVIOUS   SAVE REVIEW   COMPLETE ⊘   REVIEW SUMMARY ⊘

14. Click "Create New" under "Case Communication", to attach records or send a message to the Health Plan.

15. Please attach all pertinent records so that the case can be reviewed, and a decision made. A pop-up box will appear:
    1. Enter Subject.
    2. Click "Attach File" and attach all pertinent records.
    3. Type a message.
    4. Select the items to be reviewed.
    5. Click "Send".

Congratulations! You have submitted your authorization request and records! Check the authorization periodically for updates (approve, deny, additional information requested etc.). Look for these symbols to determine if any action is required or we have sent you back a communication:

❗ (action required);   ✉ an envelope with a blue dot indicates you have a new unread message.

ADDING AN EXTENSION REQUEST ON AN INPATIENT AUTHORIZATION:

You can edit an authorization request if it is still in pend status. Once the authorization has been approved or denied, you cannot change the request (e.g., change the date of service or procedure, etc.). You may send a request for any needed changes through the case communication portion of the authorization.

You can request an extension of an existing authorization that is in approved status.

To request an extension on an existing authorization:
1. Locate and open the authorization by clicking on Referrals/Authorizations. ****Be sure you have the correct provider in focus in the top right corner using the drop-down arrow.**

2. Click "Search".

3. Input the Case ID# in the "Reference ID" field and click "Search:

4. Click on the reference ID hyperlink to open the authorization.

5. Click "Edit".

6. Locate the "Confinement Extension(s)" section and click "Create New":

7. Complete the required fields* and click "Submit".

8. Locate the "Case Communication" section. Click "Create New" and follow the process outlined on page 5-7 of this document.

Do you have questions regarding the authorization submission process?

Located in the upper right section of the CAP application is the Help link. Please use this as a resource for any questions on the authorization submission process:

Help Link:

Welcome   User Name   [LOG OUT]

Contact Customer Service   Help

Use this link for any general navigation question you may have regarding how to submit an authorization request within the CAP application.
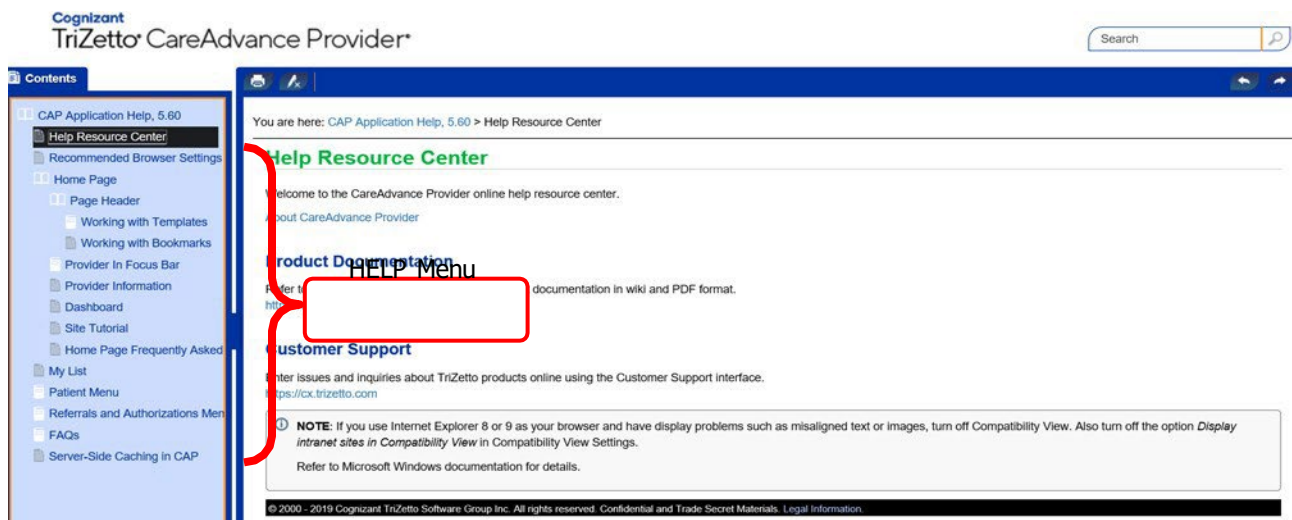
How to Locate an Existing Authorization and Provider Letters

1. Locate the authorization by clicking on Referrals/Authorizations. ****Be sure you have the correct provider in focus in the top right corner using the drop-down arrow.**
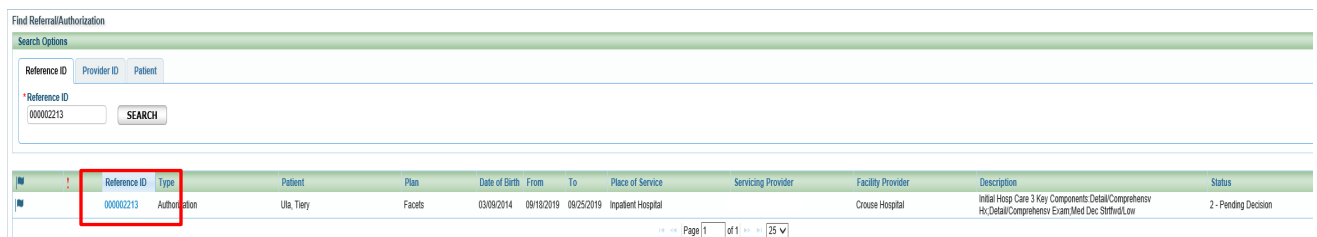

2. Click "Search".

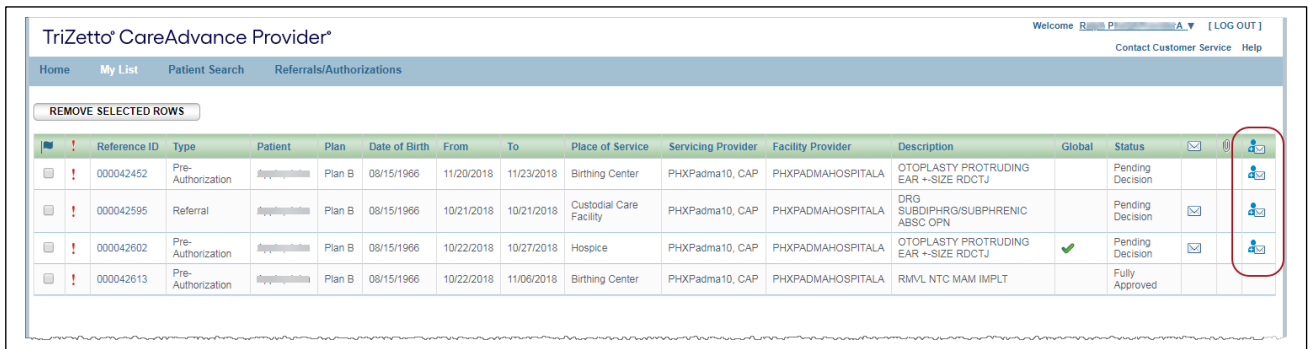3. Input the Case ID# in the "Reference ID" field and click "Search:

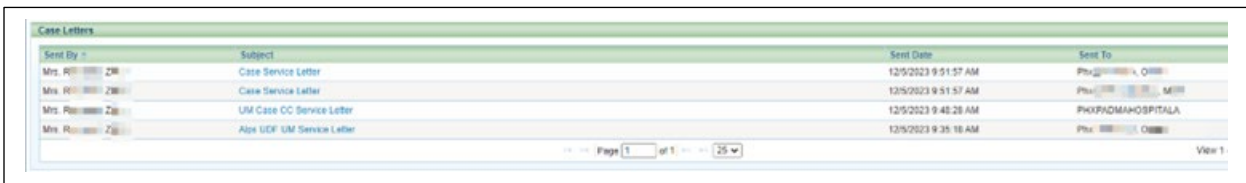4. Click on the reference ID hyperlink to open the authorization.

5. In the <u>My List</u>, <u>Home</u> and <u>Search</u> pages, a Letter icon () indicates auths and referrals that have Provider Letters associated to them:


When you access the auth, the **Case Letters** section displays for all Auth and Referral pages, below the **Case Communications** panel.

How to Create Bookmarks and Templates

To create bookmarks or templates, go to the top right corner of your screen near your username. Click on the drop-down arrow and select Bookmarks or Templates. Templates should be created before you begin creating a case.
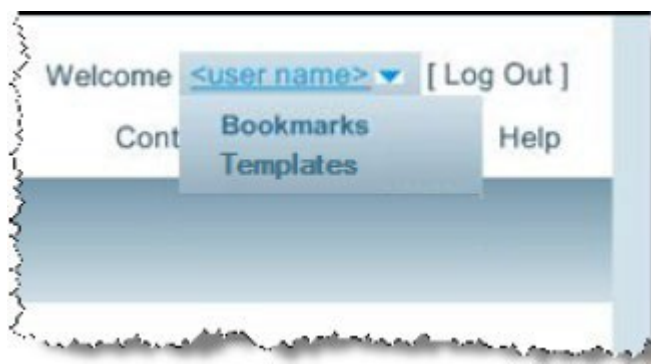
- Bookmarks can be set for frequently used diagnosis codes, procedure codes and providers.
- Templates can be created to include the type of care, place of service, diagnosis codes, procedure codes, and number of units.

You may find our new user guides with step-by-step instructions for creating templates and bookmarks helpful. Access these user guides at Provider.ExcellusBCBS.com under the Staff Training tab. Click on Presentations & Guidebooks.