

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.

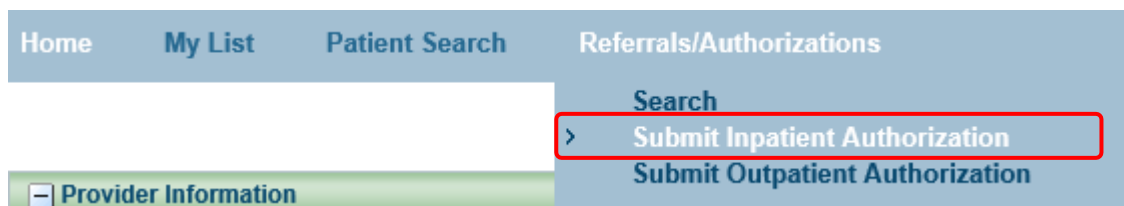
1. Log in to **ExcellusBCBS.com**.
2. Locate the CareAdvance Provider™ (CAP) link and log in utilizing your provided login credentials.
3. Click the drop-down arrow to choose the correct provider:
 - *NOTE: the provider chosen MUST be the same as the servicing/referring provider that you will be entering 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".



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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.

The screenshot shows the 'Patient Search' form. A red box highlights the 'Patient ID' field. Another red box highlights the 'Last Name' and 'First Name' fields. A third red box highlights the 'Birthdate' field. A red callout box with the text 'Last name, first name and DOB must be entered together' has arrows pointing to the 'Last Name', 'First Name', and 'Birthdate' fields. The 'Eligibility As Of' field is set to '08/22/2019'. The 'SEARCH' button is visible, along with a link to 'advanced search'.

7. Click "Search".
8. Select correct patient by clicking on the patient's name:

The screenshot shows the 'Patient Search' results page. A red box highlights the patient name 'Ula, Gwy' in the results table. A red callout box with the text 'You can click on "View" for more information on the patient, however a full eligibility check should be done prior to logging into CAP.' has an arrow pointing to the 'View' link in the 'Eligibility' column for the same patient. The table has columns for 'Name', 'Plan', and 'Eligibility'. The 'Name' column lists 'Ula, Chacca', 'Ula, Darryl', 'Ula, Gwy', 'Ula, Pakize', and 'Ula, Tiery'. The 'Plan' column lists 'Facets' for all. The 'Eligibility' column has a 'View' link for each patient. The 'SEARCH' button and 'advanced search' link are visible at the top. The page number 'Page 1 of 1' and 'View 1 - 5 of 5' are at the bottom.

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- Complete all the required fields (indicated with *):

Submit Inpatient Authorization

- 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).

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- **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**

Procedure Code Search Close Window

Search Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Procedure Code Type: HCPCS Code or Description: **SEARCH**

Choose CPT or HCPCS and then enter code or description and click "Search".

- **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.

Servicing Provider Search

Search Bookmarks

Name: ID:
City: St: Address:

Network ☒ In ☐ Out

Select an In-Network Provider/Facility when available

Name	NPI	Address	Group Affiliation	Type	Sp
1340 Floyd Ave, Rome, NY, 13440-4615				Facility	

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★ **TIP:** You can change any provider/facility 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 provider/facility change.

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).

Home My List Patient Search Referrals/Authorizations Welcome Susan Miller, MD [LOG OUT]
Contact Customer Service Help

Submit Inpatient Authorization

☐ Patient Information

Patient: Ula, Owy Birthdate: 03/04/2012 Age: 7 years Plan: Facets Group ID: 00033905 Patient ID: PCP Name, ID: Address:

USE TEMPLATE

Confinement Information

*Admission Date: 08/26/2019 *Length of Stay: 3 days *Type of Care: Medical/Surgical *Place Of Service: Inpatient Hospital

*Primary Diagnosis Code: E66.9 *Procedure Code Type: CPT *Primary Procedure Code: 43644 *Primary Procedure Description: Laparoscopy, Surg, Gastric Restrictive Procedure

*Referring Provider Name, ID: Address: Search
*Servicing Provider Name, ID: Address: Search
*Servicing Facility Name, ID: Address: Search
*Admitting Provider Name, ID: Address: Search

SAVE AS... **CANCEL** **SUBMIT** **ADD SERVICE**

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

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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 pending 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.

 **Actions**

1. *Test Hysterectomy guideline [InterQual Criteria \(Restricted Guideline\)](#)
2. Please attach clinical documentation.

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.

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

The screenshot shows the top of the CareAdvance Provider interface. At the top left, there are 'Yes' and 'No' buttons with a green checkmark next to 'Yes'. Below these are three buttons: 'PREVIOUS', 'SAVE REVIEW', and 'VIEW RECOMMENDATIONS'. The 'VIEW RECOMMENDATIONS' button is highlighted with a red box. To the right of the buttons, there is a message: 'No remaining questions. Click View Recommendations to continue.' A red line points from the text '13b. Once all questions have been completed, click on "View Recommendations:' to the 'VIEW RECOMMENDATIONS' button.

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".

The screenshot shows the 'Recommended' section of the CareAdvance Provider interface. It displays the text 'Recommended Evidence supports services as medically necessary.' followed by a text box containing 'Hysterectomy +/- BSO or Bilateral Salpingectomy for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding' and a 'Show codes' link. Below this is a 'Note' field. A red box highlights the 'Recommended' section. Below the 'Note' field, there is a message: 'Recommendation(s) no longer available Why didn't a recommendation meet criteria?'. At the bottom, there are four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is highlighted with a red box. A red line points from the text '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'.' to the 'COMPLETE' button.

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

The screenshot shows a 'Warning' message in a red box: 'Warning Completing the Medical Review will lock it from any further edits. Continue?'. Below the message are two buttons: 'YES' and 'NO'. The 'YES' button is highlighted with a red box. A red line points from the text '13d. Click "Yes" to continue and the proceed to Step 14.' to the 'YES' button.

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".

The screenshot shows the 'Recommendations' section of the CareAdvance Provider interface. It displays the text 'Not Recommended Current evidence does not support procedure in this clinical scenario Recommendation(s) no longer available Why didn't a recommendation meet criteria?'. Below this is a large empty space. At the bottom, there are four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is highlighted with a red box. A red line points from the text '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'.' to the 'COMPLETE' button.

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

Reference ID: 000001387
Status: 2 - Pending Decision

Authorization

Patient Information

Patient: [Redacted]
Birthdate: 03/04/2012
Age: 7 years

Plan: Facets
Group ID: 00033065
Patient ID: [Redacted]

Address: [Redacted]
PCP Name, ID: [Redacted]

Case Communication

Click "Create New" to attach records or to communicate with the health plan regarding this authorization.

Decision Support

InterQual® Criteria:
Taken By: [Redacted]
Diagnosis / Procedure: [Redacted]
Subset: [Redacted]
No InterQual Guidelines to display.

CREATE NEW

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".

Case Communication [Close Window]

To create new communication, enter the subject, text and select the applicable procedure to be reviewed. The health plan will review the communication and respond within a timely manner.

To: Health Plan Nurse

From: [Redacted]

Subject: [Redacted]

Attachments: [Redacted]

ATTACH FILE

Message: Type message here... [Redacted]

Select items to be reviewed:

	Procedure	Dates	Unit/Days
<input type="checkbox"/>	Laparoscopy Surg Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)	8/26/2019-8/29/2019	3

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CANCEL **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.

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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.**



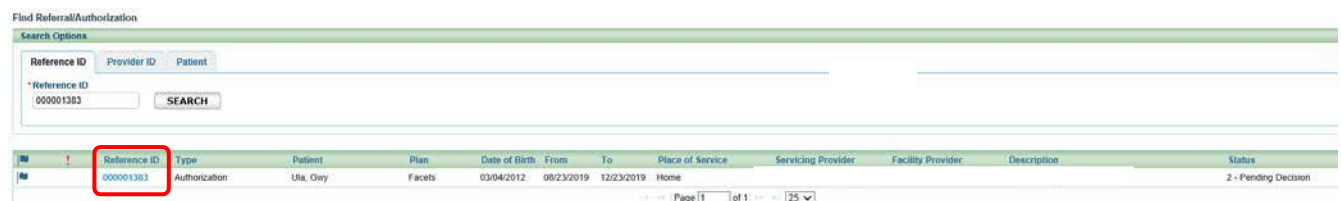
2. Click "Search".



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



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



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5. Click "Edit".

Home My List Patient Search Referrals/Authorizations

Inpatient Authorization Details ☒ My List

Reference ID 000002213
Status 2 - Pending Decision

Printer-Friendly

EDIT

Patient Information

Patient: Ula, Tiony
Birthdate: 03/09/2014
Age: 5 years

Plan: Facets
Group ID: 00033965
Patient ID: [redacted]

Address: [redacted]
PCP Name, ID: [redacted]

NEW INPATIENT NEW OUTPATIENT

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

Confinement Information Pending

Admission Date: 09/18/2019 (mm/dd/yyyy)
Length of Stay: 2 days
Type Of Care: Medical/Surgical
Place Of Service: Inpatient Hospital

Primary Diagnosis Code: M00.061
Description: Staphylococcal arthritis right knee
Procedure Code Type: CPT
Primary Procedure Code: 96221
Description: Initial Hosp Care 3 Key Components Detail/Comprehensiv Hc Detail/Comprehensiv Exam/Med Dec Strtwd/Low

Referring Provider Name, ID: [redacted]
Address: [redacted]
Serving Provider Name, ID: [redacted]
Address: [redacted]
Serving Facility Name, ID: [redacted]
Address: [redacted]
Admitting Provider Name, ID: [redacted]
Address: [redacted]

Confinement Extension(s)

From Date	To Date	Days	Status
*09/20/2019	*09/25/2019	*5	Pending

CREATE NEW

ADD SERVICE

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

Service Extension(s)

From Date	To Date	Units	Status
*09/29/2019	*10/01/2019	*3 X	

Remove

CREATE NEW

ADD SERVICE ADD SERVICE COPY

Subject Supporting Information

CANCEL **SUBMIT**

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

Case Communication

From	To	Subject	Date
Anderson, Robert D	CAP USER	clinical attached	9/17/2019 3:25:33 PM

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View 1 - 1 of 1

CREATE NEW

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Do you have questions regarding the authorization submission process?

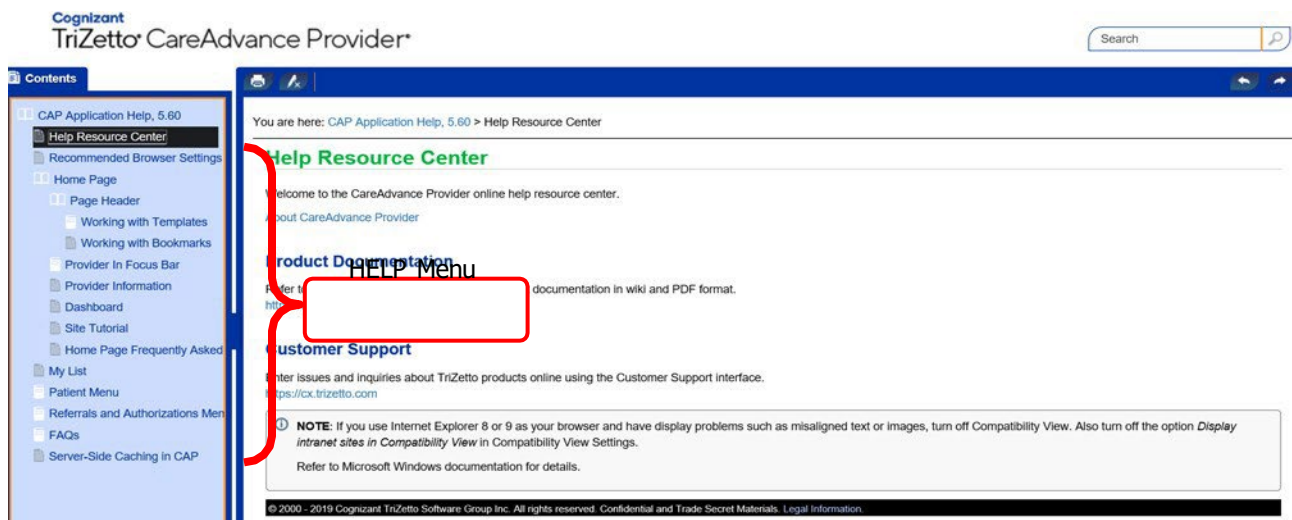
Located in the upper right section of the CAP application is the Help link. Please use this as a resource for any questions on the authorization submission process:

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.



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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.**



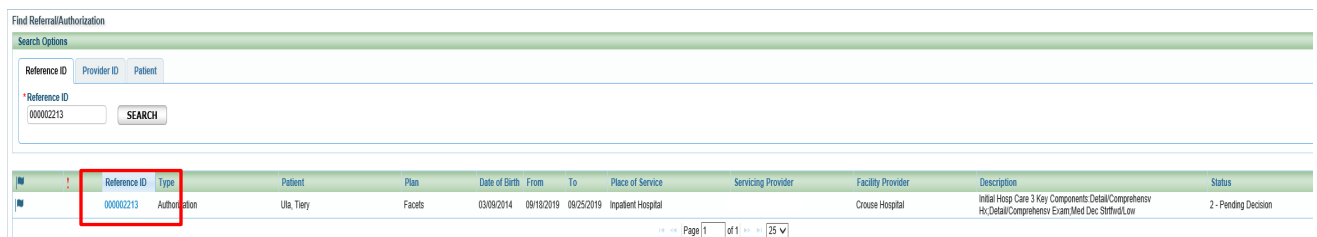
2. Click "Search".



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

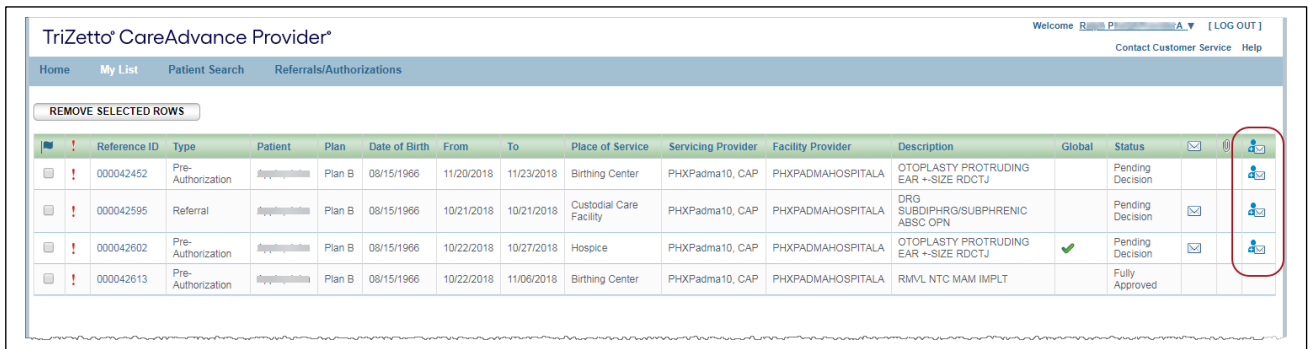


4. Click on the reference ID hyperlink to open the authorization.



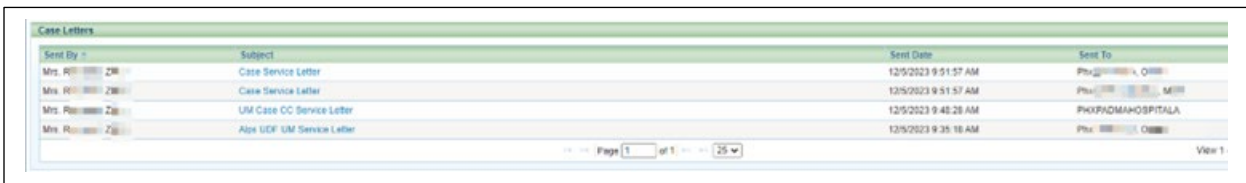
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5. In the [My List](#), [Home](#) and [Search](#) pages, a Letter icon (✉) indicates auths and referrals that have Provider Letters associated to them:



Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	Letter
000042452	Pre-Authorization	Applegate, Patricia	Plan B	08/15/1966	11/20/2018	11/23/2018	Birth Center	PHXPadma10, CAP	PHXPADMAHOSPITALA	OTOPLASTY PROTRUDING EAR --SIZE RDCTJ		Pending Decision	✉
000042595	Referral	Applegate, Patricia	Plan B	08/15/1966	10/21/2018	10/21/2018	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOSPITALA	DRG SUBDIPHRG/SUBPHRENIC ABSG OPN		Pending Decision	✉
000042602	Pre-Authorization	Applegate, Patricia	Plan B	08/15/1966	10/22/2018	10/27/2018	Hospice	PHXPadma10, CAP	PHXPADMAHOSPITALA	OTOPLASTY PROTRUDING EAR --SIZE RDCTJ	✓	Pending Decision	✉
000042613	Pre-Authorization	Applegate, Patricia	Plan B	08/15/1966	10/22/2018	11/06/2018	Birth Center	PHXPadma10, CAP	PHXPADMAHOSPITALA	RMVL NTC MAM IMPLT		Fully Approved	

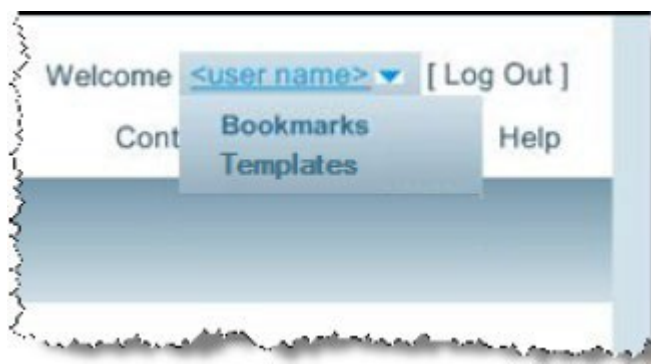
When you access the auth, the **Case Letters** section displays for all Auth and Referral pages, below the **Case Communications** panel.



Sent By	Subject	Sent Date	Sent To
Mrs. R. [Redacted]	Case Service Letter	12/5/2023 9:51:57 AM	Phx [Redacted] OHS
Mrs. R. [Redacted]	Case Service Letter	12/5/2023 9:51:57 AM	Phx [Redacted] MHS
Mrs. R. [Redacted]	UM Case CC Service Letter	12/5/2023 9:48:28 AM	PHXPADMAHOSPITALA
Mrs. R. [Redacted]	Alps UDF UM Service Letter	12/5/2023 9:35:18 AM	Phx [Redacted] OHS

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.

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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.