

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

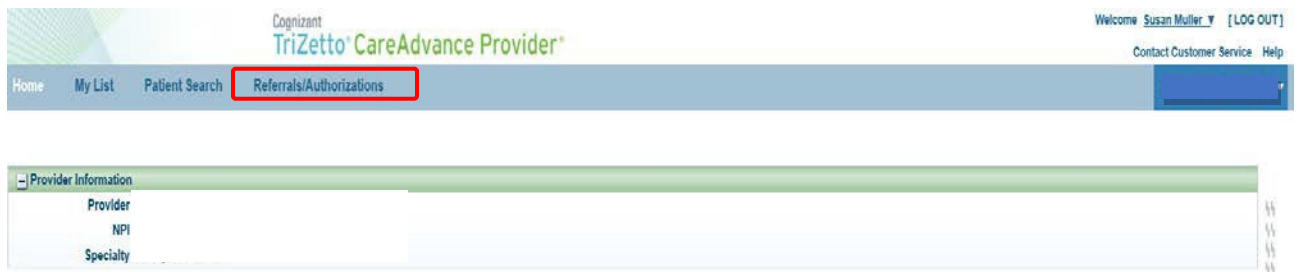
Follow the steps below to create and submit an outpatient authorization request.

Note: For all **URGENT** Outpatient Services Pre-Approval requests, you **must** call Customer Care with the case number so we can expedite the review and determination.

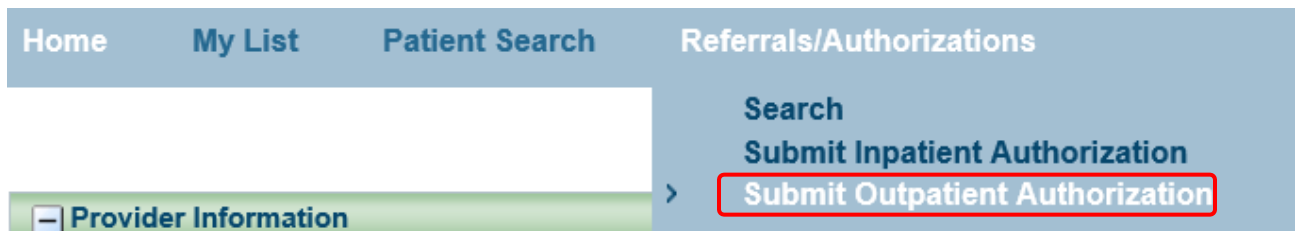
1. Log in to **ExcellusBCBS.com**
2. Locate the CareAdvance Provider™ (CAP) link and log in utilizing your provided login in credentials.
3. Click the drop-down arrow to choose the correct provider:
NOTE: the provider chosen MUST be the same as the servicing/referring provider that you will be entering 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 Outpatient 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 'Last name, first name and DOB must be entered together' instruction. Red lines connect this instruction to the 'Last Name', 'First Name', and 'Birthdate' fields. The 'Patient ID' field is also highlighted with a red box. The 'Eligibility As Of' field is set to '08/22/2019'. The 'SEARCH' button is visible.

Home My List Patient Search Referrals/Authorizations

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy)

08/22/2019

SEARCH

advanced search

7. Click "Search"

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

The screenshot shows the search results table. A red box highlights the 'Ula, Gwy' patient name. A red line connects this box to a red box containing 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.' The 'View' link for 'Ula, Gwy' is highlighted with a red arrow. The table has columns: Name, Plan, Patient ID, Birthdate, Gender, Address, and Eligibility. The 'Eligibility' column contains 'View' links for each patient.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy)

08/23/2019

SEARCH

advanced search

Name	Plan	Patient ID	Birthdate	Gender	Address	Eligibility
Ula, Chacca	Facets					View
Ula, Damyr	Facets					View
Ula, Gwy	Facets					View
Ula, Pakize	Facets					View
Ula, Tiery	Facets					View

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

- **Contact Information:** Name and phone number where you can be reached directly.
- **Service From/To:** 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 Communications" section of the authorization requesting the date of service change.
- **Type of Care:** Select the most appropriate dropdown choice.
- **Place of Service:** Select where the service will take place.
- **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).

- **Additional Diagnosis:** up to four additional diagnoses can be entered.

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-
- **Procedure Code Type:** Select CPT or HCPCS.
- **Procedure Code:** Enter procedure code. If a 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 (also see page 10).
**For unlisted codes or non-covered service codes, please contact Customer Care.*

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 Code or Description

HCPCS

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

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

****TIP:** You can change the provider or 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 provider or place of service change.*

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

- 11. OPTIONAL:** The **"Add Service Copy Providers" button** is also found on the bottom right of the Submit Outpatient Authorization screen. Click this to add an additional service for this member when the ordering and servicing providers are the same as on the "Service 1" line.

- 12.** Once finished, click Submit to process or click Cancel to delete without processing.

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13. 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 "MyList" will only hold 20 authorizations. Once an authorization is approved, uncheck the "My List" box to add room for future pending authorizations.

Home My List Patient Search Referrals/Authorizations

Referral Details ☒ My List

Add to My List

Reference ID 000046256
Status 2 - Pending Decision

Processing - Reference ID 000046256

This may take a few moments to complete. You may navigate to another page while waiting.

14. After submitting the request, you may be instructed to perform additional actions as shown in the example below (e.g., 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. An authorization will not be created if the service/procedure does not require preauthorization. A note will be created in the patient's record at the Health Plan that the provider attempted to submit an authorization.

Actions

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

14a. 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.

CHANGE HEALTHCARE InterQual® Signed in as Anderson, Robert Sign out

MENU 123456789 HELP

Subset Overview

Subset Notes

InterQual® 2019.1, CP:Procedures
Hysterectomy, +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy

SHOW CODES CLINICAL REFERENCE

These criteria include the following procedures:
Hysterectomy, Abdominal, Supracervical +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
Hysterectomy, Abdominal, Total +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
Hysterectomy, Laparoscopically Assisted Vaginal (LAVH) +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
Hysterectomy, Laparoscopic, Supracervical +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
Hysterectomy, Laparoscopic, Total (TLH) +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
Hysterectomy, Vaginal +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy

I/O Setting:
Hysterectomy, Abdominal, Supracervical +/- BSO or Bilateral Salpingectomy - Inpatient
Hysterectomy, Abdominal, Total +/- BSO or Bilateral Salpingectomy - Inpatient
Hysterectomy, Laparoscopically Assisted Vaginal (LAVH) +/- BSO or Bilateral Salpingectomy - Due to variations in practice, this procedure can be performed in the inpatient or outpatient setting
Hysterectomy, Laparoscopic, Supracervical +/- BSO or Bilateral Salpingectomy - Outpatient
Hysterectomy, Laparoscopic, Total (TLH) +/- BSO or Bilateral Salpingectomy - Outpatient
Hysterectomy, Vaginal +/- BSO or Bilateral Salpingectomy - Due to variations in practice, this procedure can be performed in the inpatient or outpatient setting

For cervical cancer stage I-IIA and endometrial cancer stage II, see the "Hysterectomy, Radical" criteria subset.

Whether to perform prophylactic oophorectomy at the time of hysterectomy done for benign disease in premenopausal women may be considered. There are no published randomized studies to support conservation or prophylactic removal of the ovaries, although observational studies suggest that surgical menopause may increase cardiovascular and overall mortality risk. (1) Generally, bilateral salpingo-oophorectomy (BSO) is recommended for women with BRCA1 or BRCA2 mutations or Lynch syndrome, for postmenopausal women, and for women who have invasive endometrial or ovarian carcinoma. (2, 3) BSO may be considered in women who have chronic pelvic pain, pelvic inflammatory disease, or endometriosis, although the risks of surgery should be balanced against the anticipated benefits. Ovarian retention should be considered for premenopausal women who do not have a genetic predisposition to ovarian cancer. Ovarian epithelial carcinoma may originate in cells from the fallopian tube. Therefore, salpingectomy without oophorectomy may be considered in low-risk women who undergo hysterectomy or other pelvic surgery for benign disease, which allows for ovarian cancer risk reduction without surgical menopause. (4, 5)

MEDICAL REVIEW BOOK VIEW FULL SUBSET SMARTSHEETS

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14b. Once all questions have been completed, click on "View Recommendations".

The screenshot shows the top navigation bar with a green 'Yes' button and a grey 'No' button. A red box highlights the 'VIEW RECOMMENDATIONS' button. A message at the top right states: 'No remaining questions. Click View Recommendations to continue.'

14c. If the review **met** criteria, the requested CPT or HCPS code/description will appear (if the Review did not meet criteria, proceed to step 14e). Click "Show Codes" and click appropriate code being requested. Click "Complete".

The screenshot shows a 'Recommended' status with the text 'Evidence supports services as medically necessary.' Below this, a text box contains 'Hysterectomy +/- BSO or Bilateral Salpingectomy for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding'. A 'Show codes' button is highlighted with a red box. A 'Note' button is also visible. At the bottom, a red message states: 'Recommendation(s) no longer available Why didn't a recommendation meet criteria?'

The screenshot shows the bottom navigation bar with four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is highlighted with a red box. A red arrow points from the 'Show codes' button in the previous screenshot to the 'COMPLETE' button.

14d. Click "Yes" to continue and proceed to Step 15.

The screenshot shows a 'Warning' message: '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.

14e. 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 a 'Recommendations' section with a red message: '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, the bottom navigation bar is visible with the 'COMPLETE' button highlighted with a red box. A red arrow points from the 'Complete' button in the previous screenshot to the 'COMPLETE' button in this screenshot.

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

Outpatient Authorization Details My List

Reference ID 000004807
Status 2 - Pending Decision

Authorization

Actions
2 Please attach clinical documentation

Patient Information

Patient Ashafa Ali, Shanise
Birthdate 10/13/1965
Age
Plan Facets
Group ID
Patient ID
Address
PCP Name, ID

PATIENT NEW OUTPATIENT

Case Communication

From To Subject

Page 1 of 0

Click "Create New" to attach records or to communicate with the Health Plan regarding this authorization.

CREATE NEW

16. 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 From

Health Plan Nurse

* Subject
Please Review 1.

Attachments
TEST.doc 22K x 2.

ATTACH FILE

* Message
Type your message here 3.

* Select items to be reviewed 4.

Procedure	Dates	Unit/Days
<input checked="" type="checkbox"/> Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)	11/28/2019-11/28/2019	1

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CANCEL SEND 5.

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 OUTPATIENT 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".

The screenshot shows the 'Outpatient Authorization Details' page. At the top right, there is a blue bar with the user's name 'Anderson, Robert D.'. Below this, the page title 'Outpatient Authorization Details' is followed by a link 'My List'. The main content area is divided into sections. The 'Patient Information' section is highlighted with a green header. It contains fields for Patient Name (Lila, Terry), Birthdate (03/09/2014), Age (5 years), Plan (Facets), Group (II), Patient ID, and PCP Name (ID). At the bottom right of this section, there are buttons for 'NEW INPATIENT' and 'NEW OUTPATIENT'. The 'EDIT' button is located at the top right of the main content area, highlighted with a red box.

6. Locate the "Service" section and click "Add Service Copy Providers":

The screenshot shows the 'Service 1-Pending' page. The 'Service' section header is highlighted with a red box. Below it, there are various fields for service details: Service From (09/23/2019), Service To (9/30/2019), Type Of Care (Durable Medical Equipn), Place Of Service (Home), Diagnosis Code (J44.9), Procedure Code Type (HCPCS), Procedure Code (E0601), and Units (1). There are also search links for Referring Provider Name, ID, Address, Servicing Provider Name, ID, Address, and Servicing Facility Name, ID. At the bottom, there is a table for 'Service Extension(s)' with columns for From Date, To Date, Units, and Status. Below the table is a 'CREATE NEW' button. At the bottom right, there are two buttons: 'ADD SERVICE' and 'ADD SERVICE COPY PROVIDERS', with the latter highlighted by a red box. A red arrow points from the 'Service' section header to the 'ADD SERVICE COPY PROVIDERS' button.

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

The screenshot shows the 'Service 2' page. It contains the same service details fields as the previous page. Below the service details, there is a 'Notes' section with a table for Date, Subject, and Supporting Information. At the bottom, there are buttons for 'CANCEL' and 'SUBMIT', with the latter highlighted by a red box.

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

The screenshot shows the 'Case Communication' page. It has a table with columns for From, To, Subject, and Date. At the bottom right, there is a 'CREATE NEW' button highlighted with a red box.

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Do you have questions regarding the authorization submission process?

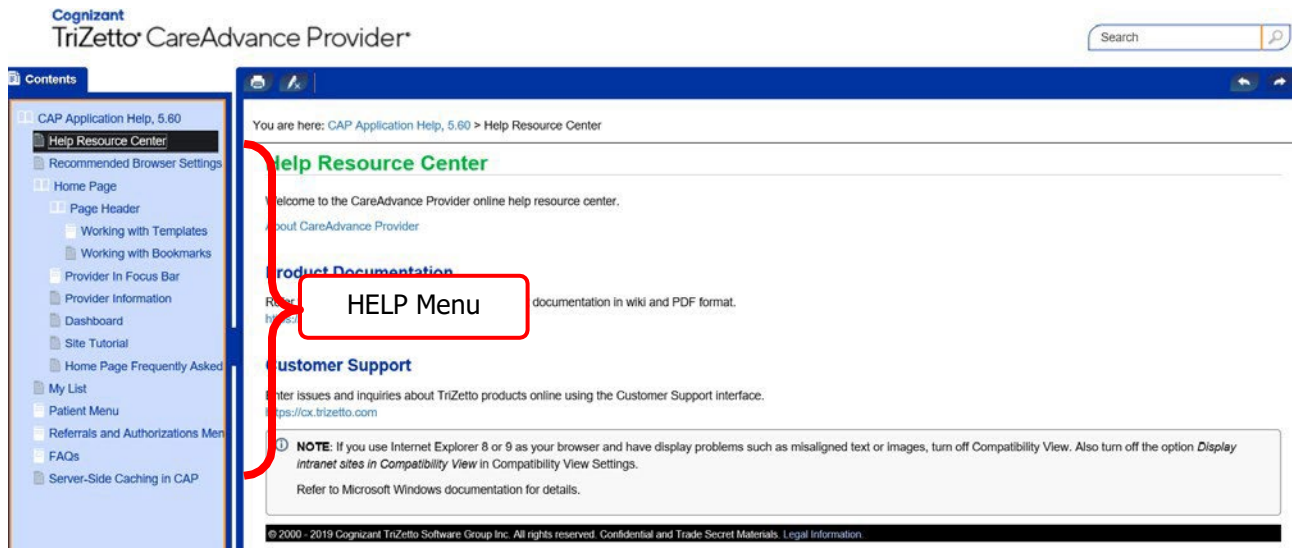
Located in the upper right section of the CAP application is the Help link. Please use this as a resource for any questions on the authorization submission process:

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

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":

The screenshot shows the 'Find Referral/Authorization' search form. The 'Reference ID' field is highlighted with a red rectangular box. The form includes tabs for 'Reference ID', 'Provider ID', and 'Patient'. A 'SEARCH' button is located to the right of the input fields.

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

Search Options													
Reference ID Provider ID Patient													
* Reference ID													
000002467 SEARCH													
Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Status		
000002467	Authorization	Ula, Tiery	Facets	03/09/2014	09/23/2019	09/30/2019	Home	Innovative Services dba Upstate Homecare		Cont Airway Pressure Device	2 - Pending Decision		

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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.