

Inpatient Authorization

Initiation of an Inpatient Authorization

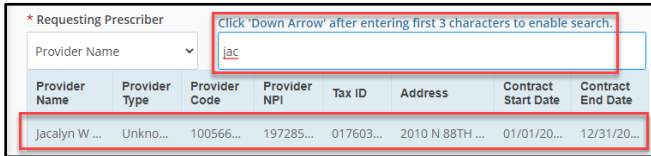
1. From the Home screen, click **Start New Inpatient Request**



2. Search for a member
 - a. Enter First Name, Last Name, and Date of Birth (DOB)
OR
 - b. Enter Member ID, including the alpha prefix
3. Click the member in the demographic ribbon to select

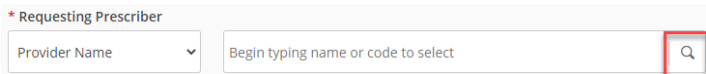
Member ID	Card ID : EHN100032899 , Patient ID : EHN10003289900	First Name	Mallary	Last Name	OCASKBPCBENLONIUM	Date of Birth	04/12/1985
Phone Number	N/A	Primary Insurance	BCBSNE	Secondary Insurance	N/A	Address PO Box 11 361 Deming St, Campbell, NE, 689320011	

4. Select **Eligibility**
5. Select **Authorization Type** from the drop-down list.
6. Enter Ordering Provider information
Note: Do not use Provider Code. Select **Provider Name, NPI, or TIN**
 - a. Information can be entered using Quick Search by entering the first 3 letters of the provider's last name and clicking the down arrow
 - b. Click on the correct provider



Provider Name	Provider Type	Provider Code	Provider NPI	Tax ID	Address	Contract Start Date	Contract End Date
Jacalyn W ...	Unkno...	100566...	197285...	017603...	2010 N 88TH ...	01/01/20...	12/31/20...

- c. If the correct provider does not display, click the magnifying glass to conduct an Advanced Search



* Requesting Prescriber

Provider Name

NOTE: If the ordering provider and servicing provider are the same, click the box to populate the information in the Servicing Provider fields. If the servicing provider is different, repeat step 6 to enter the information.

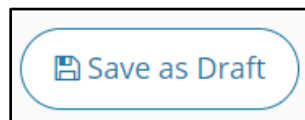
7. Enter the **Facility Provider** (entering and searching for a facility can be done using step 6 instructions)
8. Enter the **Actual Admission Date and time** using the calendar icon OR type in the letter t, a **plus sign**, and the number of days from today the service is anticipated to occur (e.g., **t+21**). Select the **Treatment Type** from the drop-down list.

9. Enter the **Diagnosis Code(s)**
 - a. If additional diagnosis codes need to be entered, click the + to add another diagnosis code. Indicate the Primary Diagnosis by clicking the radio button.

10. Enter the Procedure Code(s) and associated information, From Date, Unit Type and Requested Units

NOTE: Enter **00000** for the Procedure code of an inpatient stay

11. If the user is not ready to submit or needs to have another user enter InterQual information, select **Save as Draft**



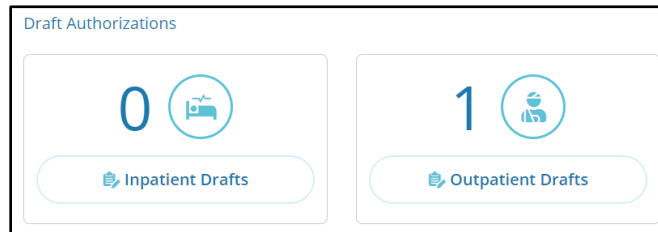
- a. On the ribbon at the top of the authorization, select **Yes, save as draft** or **No, stay on screen**
 - i. Clicking Yes will allow the user to save a draft of the authorization for up to seven days.

1. Please note, drafts are not visible to Blue Cross and Blue Shield of Nebraska (BCBSNE).

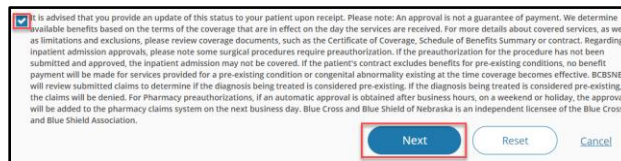
ii. Clicking No, will allow the user to go back and complete the authorization.

b. These draft authorizations can be accessed from the Home screen under Draft Authorizations

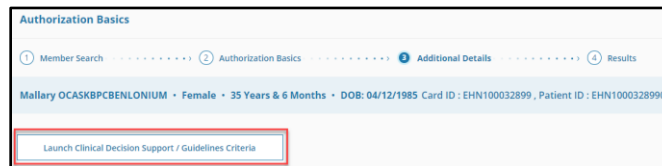
i. Click **Inpatient Drafts**, then select the auth by clicking **Draft** under the Status column



12. If the user is ready to submit and enter InterQual information, acknowledge the disclaimer and click **Next**



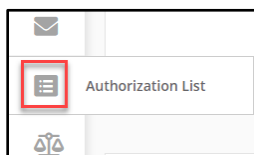
13. Click **Launch Clinical Decision Support/Guidelines Criteria**



14. Once the InterQual review is completed, the request will either be approved (if criteria are met) or it will be pended for review by BCBSNE.

- a. If approved, the authorization summary will appear
- b. If the review is pended, an additional screen will appear to add notes and attach additional information
 - a. Include contact information (name, phone/fax number)
- c. Click **Submit**

15. The authorization summary screen will display the authorization status, member information, and authorization information entered.
 - a. Authorization information can also be viewed by clicking on the Authorization List from the Home screen.



Inpatient Extension Request

1. From the Home Screen, click **Authorization List**
2. Search for the member from the Inpatient Authorization List using the Member ID search field

Authorization List

Inpatient Outpatient

Member ID

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Next Review Date	Facility	Service Provider
1016FW47	Oct 16, 2020	Mallary OCKASKBPCBENLONIU...	BCBSNE	Oct 16, 2020	Nicu	Pending	N/A	UNIVERSITY OF NEBRASKA MEDICINE	Elge P Nykiel
1001TWWB4	Oct 01, 2020	SUSE ABTLBOKMUDLONIU...	BCBSNE	Oct 01, 2020	Nicu	Pending	N/A	NEBRASKA MEDICINE	Elge P Nykiel
1001TQWFU	Oct 01, 2020	EMMA BOSSLAPPOROBOTAG	BCBSNE	Oct 05, 2020	Acute Surgical	Pending	N/A	NEBRASKA HAND AND SHOULDER INSTITUTE	Elge P Nykiel

3. Select an approved authorization for extension by clicking the arrow next to the authorization to open the details.

Note: Pended or Denied authorizations cannot be extended in the Provider Portal

Authorization List

Inpatient Outpatient

Member ID

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Service End Date	Facility	Service Provider
0825T5MT9	Aug 25, 2020	Test AHS Member	BCBSNE	Aug 25, 2020	Acute Medical	Approved	Aug 27, 2020	Aaleyah X Hribar	N/A
0825TB7JG	Aug 25, 2020	Test AHS Member	BCBSNE	Aug 25, 2020	Acute Medical	Approved	Sep 03, 2020	Aaleyah X Hribar	N/A

4. Click **+ Extension** button

5. Enter extended end date, total extended units, and clinical rationale for extension

Request Extension

Test AHS Member Authorization ID #0825T5MT9

Service Code	Service Description	Unit Type	Start Date	End Date	Approved Units	Denied Units	Treatment Type	Extend Start Date	Extend End Date	Total Extended Units
00000	Inpatient Stay	Day(s)	08/25/2020	08/27/2020	3	0	Select	08/28/2020	08/28/2020	1

* Enter Note
clinical to support extension

- 6. Acknowledge disclaimer and click **Submit**
- 7. Decision is viewable in the authorization details.