PREAUTHORIZATION TOOL FREQUENTLY ASKED QUESTIONS (FAQ)

Q: Can an authorization request be saved before it is submitted?
A: Yes, an authorization can be saved as a draft prior to being submitted. **Please note:** drafts expire after seven days.

Q: What web browser is best for using the tool?
A: Google Chrome 28.x or greater is the preferred browser but you may use the following versions Firefox 22.x or greater and Internet Explorer 11.x or greater.

Q: Which fields are required on the authorization request?
A: Any field with a red asterisk * is a mandatory field.

Q: What procedure code is used for an inpatient stay?
A: For an inpatient stay, use code 00000.

Q: When an InterQual review is complete, what needs to be selected to finish the review?
A: Click on *Complete Review*. If this is not selected, it will not allow the user to access it again and it will be sent to Blue Cross and Blue Shield of Nebraska (BCBSNE) for review. DO NOT click the X as that will close out the window and end the InterQual review.

Q: Once the review is complete, can a CPT or Dx code be changed or edited?
A: No, once the review is complete the option to edit is not available.

Q: Will there be a notification if an authorization is a duplicate?
A: Yes, for outpatient reviews there will be a banner at the top indicating that the authorization is a duplicate due to the system having another authorization submitted for that patient for the outpatient procedure code(s) and inpatient date of service, diagnosis codes, and date range within the last two months. This can be overridden by clicking *Continue*. For inpatient authorizations a duplicate message will only display if the admission date and facility are the same as an authorization already entered. This can still be overridden by clicking *Continue***.**

Q: Will an incomplete authorization be pended?
A: No, incomplete authorizations are not saved.

Q: Can a provider see the detailed denial reason?
A: Providers can see the decision, but a more detailed explanation will be included in the decision letter that is mailed to the member, provider, and facility. If the information needs to be faxed, indicate the name and fax number in the notes section for each authorization.

Q: Are copies of denial letters available in the tool?
A: No, copies of denial letters aren't available in the tool at this time. Denial letters will be mailed out to the member, provider and facility once a decision is made.

Q: What information is needed if calling BCBSNE about an authorization?
A: The BCBSNE member ID number and the authorization number generated through the authorization portal.

Q: How long does the portal stay active?
A: The portal stays active for 29 minutes. After that, it will time out and you must restart an authorization if it was not saved before the time out.

Q: Which requests are eligible for extensions?
A: Inpatient only, outpatient requests are not eligible for extensions.

Q: Can an authorization be canceled?
A: Yes, but only pended authorizations can be canceled using the *Request to withdraw a pending Authorization* from the home screen. If an authorization needs to be canceled and is not in pending status, contact BCBSNE at 800-247-1103, option 6 to request a cancellation.

Q: Who should be contacted for issues with Navinet?
A: Please contact your provider executive for assistance. The Help button on the NaviNet home screen can also be used to request help, as well as the chat feature.

Q: Can an authorization be searched by entering the authorization ID number?
A: No, the member ID should be used to search for an authorization.

Q: Where does a user search for an authorization submitted by their practice or facility?
A: The user can view all pending authorizations (authorizations in review by BCBSNE) by clicking on either *Inpatient in Progress* or *Outpatient in Progress*. The user can view all authorizations (pended/denied/approved/canceled) by clicking on the *Authorization List* on the left-hand side or by clicking on *View All inpatient Authorizations* or *View All Outpatient Authorizations*.

Q: Can more than one person view an authorization?
A: Yes; however, the user must be signed in as the ordering provider or facility on the submitted authorization.

Q: Is the Auth Priority field mandatory on the Outpatient Authorization request?
A: No; however, it is important to define if the authorization is urgent or non-urgent. We do not prioritize based on the date of service being requested. Per our service level agreements, non-urgent requests will be processed within 15 calendar days of receipt. Urgent requests may take up to 72 hours of receipt.
Our definition of urgent follows the Department of Insurance definition. If the standard time period (15 calendar days) could seriously jeopardize the life or health of a patient, or subject them to severe pain that cannot be adequately managed without the requested treatment, it would be considered an urgent request. If you do not define your request by marking it urgent or non-urgent, we will assume the request is non-urgent.

Q: What is considered the Discharge Date?
A: The *Next Review Day* is considered the Discharge Date.

Q: Will the user receive a warning if they attempt to navigate away from the authorization before it is saved?
A: No, there is currently no warning pop-up.

Q: What does the status N/A mean when seen on the authorization list?
A: N/A indicates a canceled, withdrawn or Magellan authorization.

Q: Where does the user input the Medical Policy number?
A: The Medical Policy number should be input into the *Policy Code* field on the *Authorization Basics* page.

Q: How can a user search for a description in certain fields?
A: Start typing up to the first three letters of the description and press the down arrow key on your keyboard to populate results. The "enter" button should not be used.

Q: Is the alpha prefix on the member's ID needed to search for a member?
A: Yes, the entire ID number on the insurance card with no spaces before, after or in between.

Q: What is the From Date on an outpatient request?
A: This field should be the date the user is entering the authorization.

Q: How far back is the history of the authorization list?
A: The history will save five years moving forward. However, there will not be any history prior to Dec. 31, 2020, when the new authorization process was implemented.

Q: What is the member ID?
A: The member ID is the ID number on the patient's insurance card, including the alpha prefix, and is also referred to as the card ID or the patient ID. The patient ID includes the additional two-digit person code at the end.

Q: Can a user go back to a previous screen if they need to change a field on the authorization?
A: No, the back button is not functional in this portal. If a field needs to be changed and the user has moved on to another screen, they must cancel the authorization and start again.

Q: When entering an authorization, how can a user search for options in a field?
A: Enter the first three letters of the word or name and click the down arrow on the keyboard to display results. Certain fields will have a magnifying glass icon that will allow for a more advanced search.

Q: Does a Skilled Nursing Facility, Rehab, Long-Term Acute Care, Hospice, Mental Health or Home Health Nursing need precertification?
A: Yes, those do require precertification and should be made/ initiated by phone to 800-247-1103, option two as they are done today. The Provider Portal should **not** be used to submit these types of services.

Q: What are the validation messages that will display?
A:

User Action	Message
Enters admission date > 7 days retro	Admission date of authorization cannot be prior to 7 days
Enters a procedure code that has already been requested	Authorization exists within 60 days or in the next 60 days
Enters different admission date and from date	Admission Date and From Date are not the same
Enters date prior to or past the current date	From Date for service line should be current date
Enters a retro date on an outpatient auth	Anticipated Date of Service for authorization cannot be a past date
User skipped a mandatory field	Please enter mandatory fields below
Primary insurance is noted to be n/a	Our records indicate this member may have another insurance policy
User enters procedure code other than 00000	Please enter the Procedure Description as 'Inpatient Stay' or Procedure Code as '00000'
Auth on Termed IP member	Admission Date should be within the date range of the Member's Eligibility
Auth on termed OP member	Anticipated Date of Service should be within the date range of Member's Eligibility

Q: For outpatient authorizations, can a 0 be entered in the number of units requested field?
A: No, there must be a minimum of 1 unit or greater entered for an outpatient authorization.

Q: For inpatient authorizations, can a 0 be entered in the number of days requested field?
A: No, there must be a minimum of 1 day or greater entered for an inpatient authorization.

Q: Can requests still be faxed to BCBSNE?
A: Yes; however, it is encouraged to use the Provider Portal to submit outpatient preauthorization requests and acute inpatient precertification requests and only use faxing for medical records if they could not be attached in the online tool. If you have trouble using the tool to upload records, please email ProviderAuthQuestions@NebraskaBlue.com for assistance. Make sure to include the member's full name, id number and authorization number if you are faxing records.

Q: What if the medical records cannot be attached due to a limitation on submitting through the tool?
A: The records can be submitted via fax. Please include this information within the notes section of the authorization submission and fax records into 402-982-8644, indicating the auth ID number, patient name, date of birth (DOB) and member ID number.

Q: Will the family of codes still apply?
A: Yes

Q: Has BCBSNE changed its policy requirements?
A: No, the medical policies still apply.

Q: Can more than one CPT code be entered on the authorization?
A: Yes, multiple CPT codes can be entered. Click the + to add the other applicable CPT codes.

Q: If a procedure has not been scheduled, can today's date be used as the anticipated date of service?
A: Yes

Q: Is a copy of the InterQual criteria available?
A: No, InterQual criteria is proprietary information and cannot be shared.

Q: What if InterQual recommends a different test than what is being ordered?
A: The event will send to BCBSNE for review. Please include any applicable notes and records to be used in the review.

Q: What if the ordering provider is not an option in the Provider Selection drop-down menu on NaviNet?
A: Please contact your NaviNet administrator or provider executive at ProviderExecs@NebraskaBlue.comand include a screenshot of the issue.

Q: What if the provider does not display in the ordering provider search?
A: Email ProviderPortalAuthQuestions@NebraskaBlue.com a screenshot of the issue and the name of the ordering provider being searched for assistance.

Q: Should Provider Code be used to search for a provider?
A: No, this option is not applicable. Please select from the drop down appropriate search criteria such as the provider's name, NPI, or tax ID.

Q: Is the turnaround time for urgent and non-urgent authorizations still the same?
A: Yes, 72 hours for urgent and 15 calendar days for non-urgent.

Q: Can a pending authorization be updated if additional procedures are ordered?
A: No, a separate authorization will need to be completed for additional codes or call BCBSNE to add the code to the existing authorization.

Q: How is an observation authorization set up?
A: Create a new inpatient authorization and select *Observation* in the review type.

Q: Can a rendering facility view the authorizations online?
A: Yes, only if the individual submitting the request inputs the rendering facility in the facility field of the authorization form.

Q: Is a note or an attached document required before submitting an authorization?
A: Yes, a note must be entered, or a document attached before submitting an authorization. Include the name, phone number and fax number on each authorization for contact in case of additional questions or information.

Q: Do pop-up blockers need to be turned off to use the authorization tool?
A: No, pop-up blockers can be on or off and the authorization tool should function normally.

Q. How should bilateral codes be entered?
A. Enter two line items, one with RT modifier and one with LT modifier. This will require two separate InterQuals to be entered as well.

Q. How do I get authorizations faxed to me?
A. You must enter your phone number and fax number within the NOTES of each authorization submitted.

Q. Are letters of approval sent out on automatic approvals?
A. No, if the authorization was automatically approved you will see the approval within your dashboard and that is your approval notification.