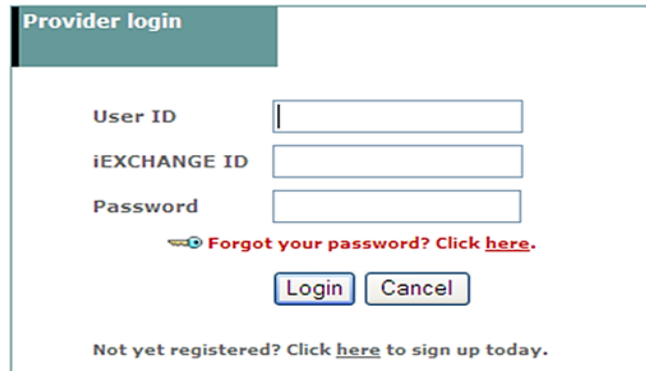


# Extending an Inpatient Preauthorization

The iExchange Web tool supports direct submissions and provides online approval of benefit for preauthorization requests. Listed below are the steps for requesting an extension on an inpatient request to Blue Cross and Blue Shield of Oklahoma (BCBSOK). Extension requests should be requested prior to the expiration of the original request.\* iExchange is available 24 hours a day, 7 days a week -- with the exception of every third Sunday of the month when the system will be unavailable from 11 a.m. to 3 p.m. CT. **If you are an Out-of-area provider, please go to step 2. For assistance with iExchange access, please reference the Pre-service Review tip sheet when servicing a local and out-of-are member.**

## Direct Access (Available to Oklahoma contracted providers only)

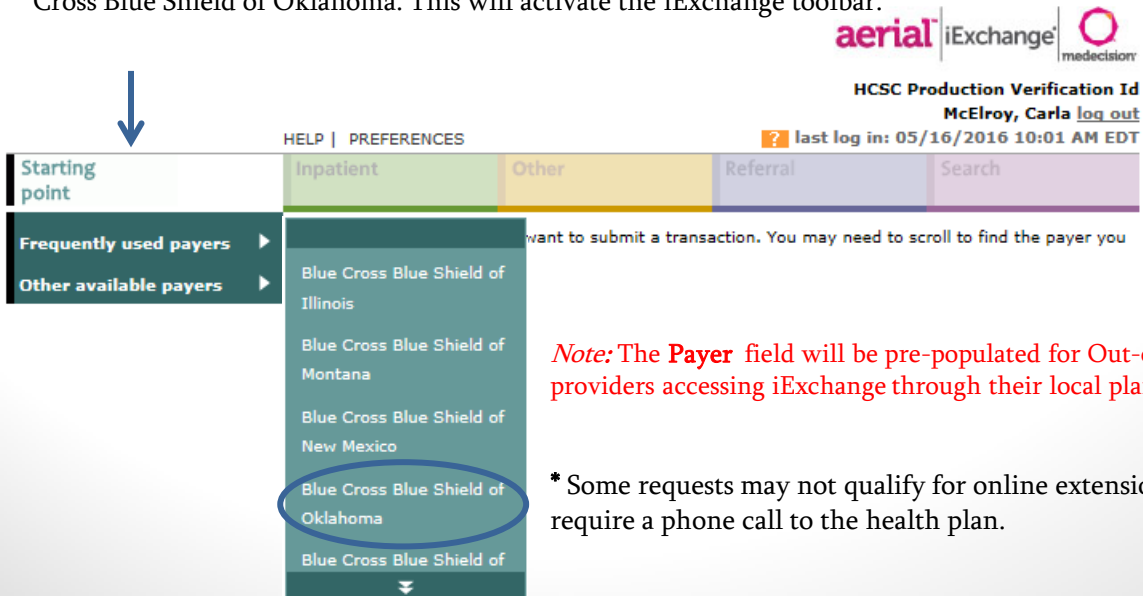
- **User ID** - Each user will be assigned a unique User ID by their organization's iExchange Administrator.
- **iExchange ID** - A unique number BCBSOK assigns to provider organizations registered with iExchange.
- **Password** - New users are supplied a temporary password by their iExchange Administrator.



\* For Single Sign on (SSO) access for local contracted providers, please reference the tip sheet Pre-service Review for an out-of-area member.

## Submitting a Extension Request

1. After logging into iExchange, users can access **Frequently used payers** from the **Starting point** menu. From the payer list, users can select Blue Cross Blue Shield of Oklahoma. This will activate the iExchange toolbar.



**Note:** The **Payer** field will be pre-populated for Out-of-area providers accessing iExchange through their local plan portal.

\* Some requests may not qualify for online extension and require a phone call to the health plan.

2. After clicking the Inpatient tab, select **Extend inpatient request** to begin.



HELP | PREFERENCES

<b>Inpatient</b>	Other	Referral	Search
New inpatient request			
Extend inpatient request			

**Inpatient instructions**  
 Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

**New inpatient request**  
 Click the **New inpatient request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.



**Extend inpatient request**  
 Click the **Extend inpatient request** link, above. You will first search for the inpatient treatment you wish to extend.

3. Out-of-area providers only – If multiple providers have been identified, you will be prompted to select the submitting provider in order to initiate your extension request. If not, go to step 4.

**Note :** The MCO ID selected for the initial request must be retained for extension and search requests.

	Name	MCO ID	NPI	Address	Specialty	Phone
Select	Providence St Mary Medical Center	X430000000074966401	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804201	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804101	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320

4. From the Treatment search screen, select **Request ID** as the Search type.

**Treatment search**  
 Use this page to search for existing inpatient requests, other requests and/or referral requests for a member(s) associated with an authorized provider in your group. This association may include submitting providers, servicing providers, facility providers, attending providers and/or the member's PCP.

**Payer Notice:**  
 To locate a treatment search by Member ID, enter the Member ID minus the three letter alpha prefix and click the Member search. To complete a search for a Federal employee, include the letter "R."

Search type: Request ID

Request ID: 12345AABBC

Authorized provider(s): All providers

Name	MCO ID	NPI ID	Additional info	Remove
All providers				X

Submit search | Clear form | Cancel

Enter the Request ID with the alpha characters in all caps for the request you want to extend. Choose **All providers** from the Authorized provider(s) drop-down list and click **Submit search**.

5. From the Treatment search details screen, click the **Extend** link to begin your extension request.

<b>Request ID</b> 12345AABBC			Request actions ▾
<b>Summary</b>			
<b>LOS start/end date</b>	<b>Days</b>	<b>Status</b>	<b>Extend</b>
12/30/2015 - 12/31/2015	1	APPROVE	<b>Extend</b>

6. Scroll down on the **Inpatient request extension entry** screen to view the summary of the original preauthorization request.

**Inpatient request extension entry**  
 Use this page to extend an inpatient request. Once you enter the appropriate information click **Next step**. iExchange evaluates your inpatient request extension and displays the Inpatient request extension preview page.

**Request being extended**

Member	Smith, John	Member ID	999999999
Facility Name	James Community Hospital	Facility ID	999999999999999
Admit date	12/30/2015	To date	01/01/2016
Treatment setting	Acute		

[View request details](#)

7. The information from the original request will default to the Inpatient request entry screen. Use the drop down arrow to answer if the request is an emergency. Also enter the additional number of days for the extension in the **Additional requested LOS units** field.

Submitting provider: **James Community Hospital - 999999999999999 - 999999999** ▾  
[Submitting provider summary](#)

Is this an emergency?  No  Yes

Extension primary diagnosis: ICD10 ▾ R07.9 Chest Pain (unspecified) - R07.9 ▾  
Enter Diagnosis code or select one from the list

Secondary diagnosis (optional): ICD10 ▾  ▾

Secondary diagnosis (optional): ICD10 ▾  ▾

Attending physician: **Dr. Noel Jones - 123456789** ▾  
Select attending physician from the list or search for ID [Attending physician summary](#)

Additional requested LOS units:

LOS bed type (optional):

8. Users are encouraged to include their name, direct phone number and email address in the Additional notes field. Once all necessary fields have been completed, select **Next step** to move to the Inpatient request preview screen.

Additional notes (optional)

Note: Contact Name, Phone and email will pre-populate for an out-of-area provider

9. Scroll down on the Inpatient request extension preview screen to review the entered information for accuracy. If the information is correct, click **Submit**.

**Inpatient request extension preview**

Review your inpatient extension request information here. If everything is correct, click the **Submit** button to save your extension and open the Inpatient request extension confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this request was current when you clicked **Next step**. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request status will be assigned when you click **Submit**.

Summary		
LOS start/end date	Days	Projected status
12/30/2015 - 12/31/2015	1	<b>APPROVE</b>
12/31/2015 - 01/03/2015	3	<b>PEND</b>

Note: This shows a projected status for this request upon submission.

10. The Inpatient request extension confirmation page will display the assigned Request ID, request Status and the **Attach file** link to submit clinical documentation.

**Inpatient request extension confirmation**

This page contains inpatient request extension information including the request ID and status, the member's name and ID, and the extended procedures. The procedure information includes the procedure description, length of stay units and the status of the inpatient request extension.

When you clicked the **Submit** button, iExchange re-evaluated the data that appeared in the Preview. The inpatient extension request status may have changed if eligibility or other data changed in the interim.

Request ID: **12345AABBC** [Attach file](#)

Summary		
LOS start/end date	Days	Status
12/30/2015 - 12/31/2015	1	<b>APPROVE</b>
12/31/2015 - 01/03/2015	3	<b>PEND</b>

**IMPORTANT!** Clinical documentation is not required for requests that receive an Approved status upon submission.

11. Enter the **Title** of the member's clinical documentation associated with the predetermination request and select **Browse** to upload the file.

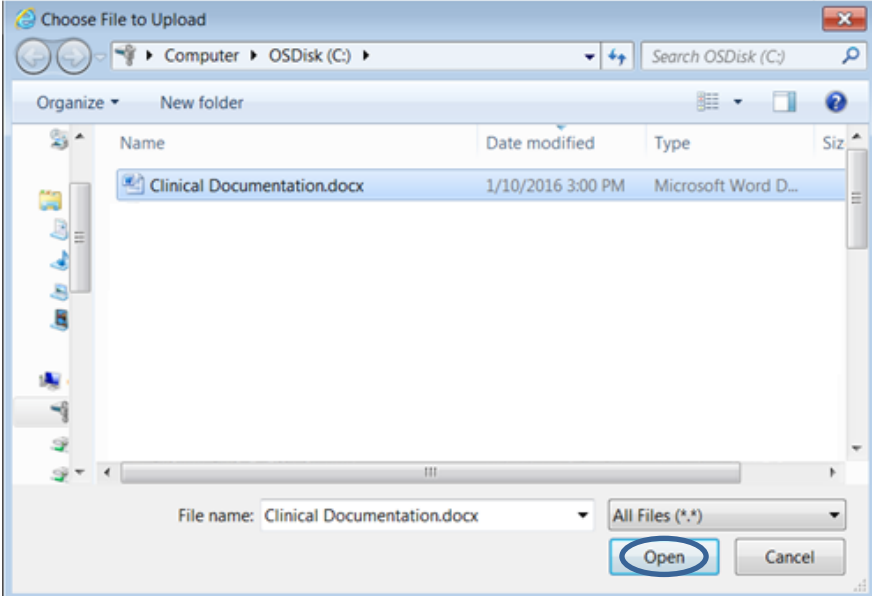
**Request Attachments**  
**Attach new file**  
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

Attachment:  **Browse...**

**Attach**

12. Select the document you want to upload to attach to the request and select **Open**.



13. Click **Attach** to upload the file.

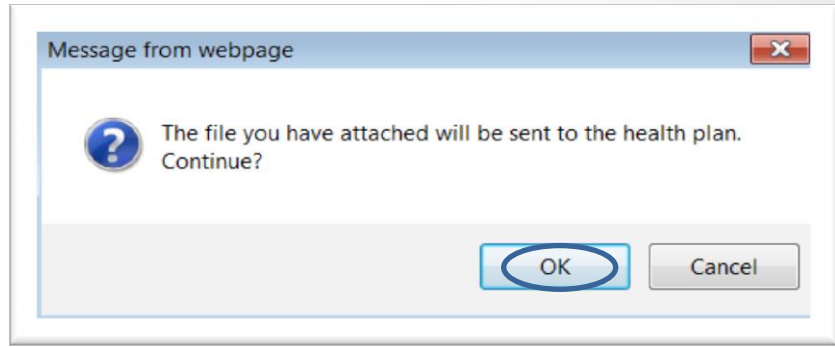
**Request Attachments**  
**Attach new file**  
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

Attachment:  **Browse...**

**Attach**

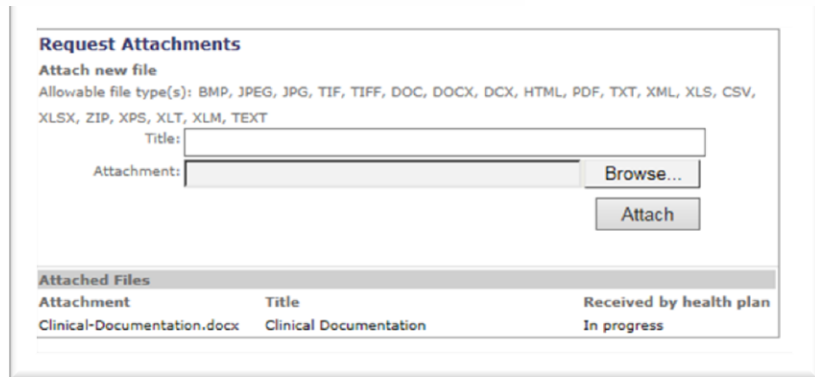
14. Click **OK** to continue with attaching the file?



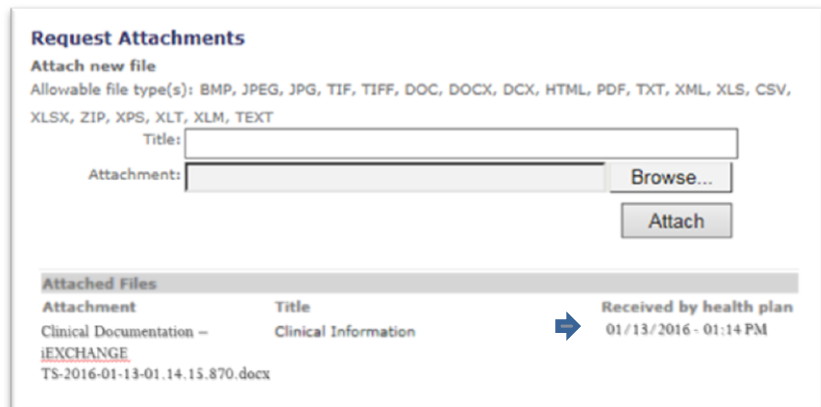
15. Informational message will display with the status of the attachment.

**Informational**

**The file selected has been successfully attached and will be sent to the health plan.**



16. Date and time will display when attachment is received by the health plan.



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