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Web-Based Precertification

Web-Based Precertification is available for:

- Acute Inpatient Hospital Admissions (medical or surgical)
- All BCBSKS insurance plans.

Web-Based Precertification is **NOT** available at this time for the following services, but precertification is still **required** and available by phone (1-800-782-4437):

- Inpatient rehabilitation services
- Home Health
- Hospice
- Long Term Acute Care Hospital (LTAC)

Contracting providers shall provide notice for all BCBSKS members admitted for inpatient care. This notification will be required on one of the 3 instances below.

1. Prior to the admission
2. The day of admission
3. The first working day following a weekend or holiday

**EXCEPTIONS** to the above rule include:

- Federal Employee Program (FEP) – when there is an emergency admission, then precertification needs to be done within 2 business days.
- Precertification is not required when Medicare is primary.
- OB Admissions:
  Obstetrical admissions under 48 hours for vaginal deliveries and 96 hours for cesarean deliveries (except for FEP members) will not require precertification for **most** contracts. If the mother or baby stays beyond the 48/96 hours, precertification may be require

**System Requirements for the Electronic Inpatient Precertification System**

If you are using the BCBSKS electronic inpatient precertification system and begin with the initial new precertification and submit the electronic precert through the submission of the clinical information, including the submission of the discharge date and any continued stay reviews (CSRs), your system must be compatible with 3 different sites:

1. Availity
2. BlueAccess
3. InterQual
We recommend using Internet Explorer 11 when using the above mentioned websites. The following information is what your computer will need in order to enter precerts/clinical information. Your IT department/vendor should be able to verify if your computer meets the requirements.

**Client Workstation Software**

<table>
<thead>
<tr>
<th>Client Application</th>
<th>Client Operating System</th>
<th>Other Required Software</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Manager 17.0</td>
<td>Any of the following Microsoft operating systems:</td>
<td>Any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Microsoft Windows® 7 SP1</td>
<td>• Internet Explorer 11.0+</td>
</tr>
<tr>
<td></td>
<td>• Microsoft Windows 10</td>
<td></td>
</tr>
</tbody>
</table>

a. Review Manager 17.0 supports only Internet Explorer (32-bit).
b. Review Manager 17.0 is available with Internet Explorer Standards mode only and will not work in Compatibility mode.

**Additional Required Software**

Change Healthcare supports Review Manager when it is used with the following software platforms.

<table>
<thead>
<tr>
<th>Software</th>
<th>Version</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oracle JRE</td>
<td>1.8.0_161</td>
<td>The JRE/JVM is automatically installed with Jetty.</td>
</tr>
<tr>
<td>IBM JDK 8.0</td>
<td>Oracle JVM 8.0 compatible</td>
<td>Applies only to WebSphere-based installations.</td>
</tr>
<tr>
<td>Crystal Reports</td>
<td>CR 2000</td>
<td>Crystal Reports is required only to create custom reports.</td>
</tr>
<tr>
<td>Adobe Reader</td>
<td>10.x and later</td>
<td>Reader is required to display Review Manager PDF files, such as the documentation.</td>
</tr>
<tr>
<td>Adobe Flash Player</td>
<td>17.x and later</td>
<td></td>
</tr>
</tbody>
</table>
**Recommended Hardware Configurations**

Change Healthcare recommends using Review Manager on computers with the following minimum hardware specifications to experience appropriate Review Manager application performance.

![Table](image)

**Note:** If you are considering using configurations other than the ones that are recommended, please contact your Account Manager or Product Support.

**Establishing Secure Access**

**Availity:**

Blue Cross and Blue Shield of Kansas partners with Availity Health Information Network for the following transactions for Blue Cross and Blue Shield members in Kansas:

- Eligibility and benefits verification
- Claim status inquiries

BCBSKS contracting providers can use the Availity portal **at no cost to our providers.**

If your facility is not already registered, getting started with Availity is as easy. Go to [availity.com](http://availity.com) and click on the registration link, then follow the steps below.

1. Provide your organization’s name, address and federal tax ID number.
2. Designate a Primary Controlling Authority (PCA), a person who signs the Availity access agreement for your organization.
3. Designate an Access Administrator (AA), a person responsible for assigning the Availity functions/permissions to other users at your organization. This person is commonly the office or department manager.

If you have additional questions regarding Availity, please contact Availity Client Services toll free at 800-Availity (800-282-4548) or e-mail questions to support@availity.com. Availity Client Services is available 7 a.m. to 6 p.m. CT, Monday through Friday (excluding holidays).

NOTE: For new facility staff members who need access to Availity and for security purposes, each individual should have their own user access (User ID and password) to the Availity Web Portal. Contact your Facility's Access Administrator for Availity to get registered and set up for access to Availity or contact Availity at 1-800-AVAILITY.

Once you have an Availity login, log onto Availity at www.availity.com and become familiar with the information available on the Availity Home Page.

Providers can get access to both the Availity Web Portal and BlueAccess (BCBSKS' secure web portal) to view secure BCBSKS member's information with a single-sign. Once providers are granted access to Availity from their Access Administrator (AA), the provider can then link back to BlueAccess from the Availity web portal by following the steps beginning on the next page.

Once logged onto the Availity Web Portal you will see the screen on the next page.

Providers can access Payer Spaces once logged onto the Availity portal. Payer Spaces link is located just below your name on the upper right side of the page. The drop down from the Payer Spaces link allows providers to click on the Blue Cross and Blue Shield of Kansas (BCBSKS) logo,
which will take providers to a page that is dedicated exclusively to the BCBSKS secure and non-secure tools and resources. Follow the steps on the following page.

Follow the steps below for information on accessing the secure tools and resources, including the BCBSKS Electronic Precertification System:

Step 1: Click on Payer Spaces

Step 2: Click on BCBSKS Logo

Step 3: Look for the BCBSKS Welcome Page

Step 4: Select the Resources tab

Step 5: BCBSKS Provider Secure Section (BlueAccess)
When a provider selected BCBSKS Provider Secure Section (BlueAccess) the provider will need to select an organization. This list shows all the Tax ID numbers/ NPI numbers you are eligible to precertify under. Please note, if you click an organization and click "Submit", and it takes you back to the above image, please disable your pop-up blocker. If you do not know how to disable your pop-up blocker, please contact your IT Department.

After following steps 1-9, the provider will be sent to the BCBSKS secure web page, BlueAccess. On the next screen providers will be able to access secure member information (i.e. Precertification or Remittance Advice) as well as public information (i.e. Publications or Medical Policies).
**Blue Access:**

On the next screen, it is very important for providers to make sure the correct NPI is selected from the drop down box. Providers will only be able to get access to the secure information that your facility should have access to. Therefore, if you select an incorrect NPI you will not see the information for your facility.

**Step 8:**
It is important for providers to make sure the correct NPI is selected from the drop down box.

**Step 9:** Click Submit

---

**Welcome screen to Blue Access:**

This area has been designed to assist providers who contract with Blue Cross and Blue Shield of Kansas. Here you will find valuable tools and resources to assist you in your interactions with BCBSKS. We continue to add new features to this site and welcome your feedback on how we can improve our service to you.

When you are finished with your visit, be sure to Log Out.
Precertification Menu Options

Hovering over on Pre-Service will give you the following precertification options:

- Pre-Service for BCBSKS Member
  - Initial Precertification for Kansas Members
- Pre-Service for Out-of-Area Member
  - Precertification for all other Blue Cross and Blue Shield Members (out of state identification numbers)
- Pre-certification in Process
  - View previously submitted precertifications, complete a Continued Stay Review (CSR) on a current precertification or submit a discharge date.

Pre-Service Review of BCBSKS Members

Submitting a New Precertification

Enter the member’s Blue Cross and Blue Shield Identification (ID) Number as it appears on the member’s Blue Cross and Blue Shield identification card. This should include the alphanumeric prefix (i.e. XSA, XSB, etc.)
Finding a BCBSKS Patient ID Number:

If you do not know the member's ID number, you are able to search for the member by following the steps below:

You will see the following pop-up once you click "Search for a Kansas Patient ID":

Fill out as much patient information as you have available. This will help you narrow down your results. After entering the information click "Submit". Next, you will be provided a list of all BCBSKS members who fulfilled the criteria you submitted in the search.
Remember to:
- Select the correct identification number.
- Select only an active identification number.

NOTE:
Make sure the ID # is not terminated.

IMPORTANT:
Make sure you have the right patient or use the drop-down arrow to search for a dependent.
Selecting the Procedure/Admission Date

On this screen, you must select the procedure/admission date. Once you go past this screen you will not be able to change the date of the precertification without starting over.

To change the procedure/admission date, click on the current date listed. Once you click on the date, a calendar will populate for you to click on the correct procedure/admission date.

You can change the month/year from the drop down arrow.
Facility/Attending Physician Number Search

If you do not know the facility's or attending physician's NPI number, you are able to search for the NPI. Below are the images to guide you on how to use the facility/attend physician NPI search.

**Facility Number Search**

For finding the Facility NPI, only the name of the facility is required. However, you can narrow your search results down by typing in the city in which the facility is located.

When choosing the facility, be sure to select the correct facility number. Some facilities have more than 1 NPI based off specific units offered in their facility (rehab, swing bed, psychiatric, etc.) The facility also may have more than 1 page of NPI numbers to choose from. Please be sure you are using a "contracting" provider status profile.
Attending Physician Number Search

For finding the attending physician's NPI, only the last name of the physician is required. However, you can narrow your search results down by typing in the city in which the provider is located. **Precertification can only be submitted with a Medical Doctor (MD) or a Doctor of Osteopathy (DO) as the attending physician.** A Physician's Assistant (PA) or an Advanced Practice Registered Nurse (APRN) cannot be listed as the attending physician.

When choosing the attending physician, be sure to select the correct physician provider file. Some attending physicians have more than 1 entry in the system due to them working multiple places (hospital, private clinic, etc.) Please be sure you are using a "contracting" provider status profile.

**NOTE:** When you double-click on the attending physician number, you will return to the Patient Precertification Selection screen and the attending physician number will automatically be filled in.
Completing the Precertification Form for a New Inpatient Stay

Each section contains fields that are required for HIPAA compliance. The remaining sections of this manual will reference the HIPAA 278 information, which includes all fields on the precertification form.

The electronic precertification form is broken down into three sections. Each section must be completed prior to submission. The three sections are as follows:

1. Patient Information
2. Procedure/Admission Information
3. Contact Information

Each of the 3 sections of the precertification is described in detail on the following pages.

SECTION 1:
Patient Information - This section of the precertification form will automatically be filled in with the information you submitted on previous screens. It is important to verify that the information in this section is correct.

Pre-certification Form

| Institutional Provider Number: 1234567890 |
| Facility: ABC HOSPITAL INC |
| Attending Physician Number: 0123456789 |
| Physician: JOHN SMITH |

Patient Information

Patient Identification Number: XSB123456789

The Patient Identification Number is based on the Date of Service you entered. Please note: This ID Number may be different for another Date of Service if the member’s plan coverage has changed.

Patient Name: JANE DOE
Patient birth date: 11/07/1986
Group Number: 543210
Individual Relationship: Self
Gender: Female
Coverage Termination Date: 11/07/1986

This information was provided by the staff member who initiated the new precertification. Verify that the information is correct and complete. If there is an error that needs to be corrected, call BCBSKS Precertification Department at 1-800-782-4437.
SECTION 2: Procedure/Admission Information - This second section of the precertification form is for submitting specific information regarding the scheduled procedure or an inpatient admission.

Should you have more than one diagnosis, please use the main diagnosis as the reason the patient is deemed as needing inpatient care. You can add "reviewer comments" in InterQual with additional diagnosis/comorbidities.

Typically, providers are instructed that they are only able to submit either a diagnosis or a procedure code in the Procedure/Admission Information section of the electronic form and are unable to submit both a diagnosis and a procedure code. However, effective February 19, 2017, there will be exceptions to this rule that those who submit the inpatient precertification should be aware of which are stated below.

- BCBSKS needs to have the diagnosis code, which is in correlation with the procedure code, included on the external precert with any of the following CPT codes:
  - 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58543, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
- ICD-10 procedure codes that begin with the first 3 characters of 'OUT' require a diagnosis code.

- If the diagnosis code submitted with one of these codes is in the range of F64.0 - F64.9 or Z87.890, then the external user will receive a message that Medical Review is required. The provider will not be directed to InterQual and instead will be contacted by a BCBSKS Precert Department nurse for additional information.

**PROCEDURE/ADMISSION DATE** - This field will be filled in and based on the Procedure/Admission Date submitted on the Patient Selection Screen. You cannot change this information on this screen. If you wish to change it, you will need to start the precertification over.

**PROCEDURE/ADMISSION TIME** - Enter the patient’s Procedure/Admission time and designate whether it is AM or PM.

You must designate AM or PM for the procedure/admission time.

For pre-admission certification, enter the time the patient is scheduled to be admitted or the time designated for the surgical procedure.

**FACILITY TYPE**: This field includes a drop-down box to indicate the type of facility. The default selection is set at ‘Hospital’.

**ICD10/CPT INDICATOR**: If a procedure code is entered, provider needs to designate whether the procedure code is an ICD-10 procedure code or CPT/HCPCS code.

The ICD10/CPT indicators **MUST** be marked regardless of whether a diagnosis (ICD10 code) or a procedure code (CPT) is entered.
CODING GUIDELINES:

- **MEDICAL** admissions should be assigned an ICD-10 diagnosis code.

- **SURGICAL** admissions should be assigned a procedure (ICD-10-CM or CPT) code. Some procedure codes will automatically assign a length of stay for a pre-admission or admission review.

- NEVER use a ‘dump’ diagnosis or procedure code for any precertifications. The code assigned should best reflect the reason for each individual patient admission.

- Avoid ‘not otherwise specified’ (NOS) or non-specific diagnosis codes.

- Code only the known diagnosis at the time of precertification. Do not code for rule out or suspected conditions.

**PROCEDURE TYPE:** Provider should designate whether this is a medical or surgical admission. If the precertification is for a medical admission, a diagnosis code should be entered in the code fields. If the precertification is for a surgical procedure either an ICD-10 procedure code or CPT code must be added in the code fields.

**SURGICAL DATE:** If this is a surgical admission, the expected date of surgery should be entered (MMDDYYYY)

**ADMISSION TYPE:** Select the admission type from the drop down box.

**ADMISSION SOURCE:** Select the admission source from the drop down box.

**PATIENT STATUS:** This field will be filled with Admitted as an Inpatient to this Hospital.
**SECTION 3:**
Contact Information

This information includes a name of an individual at the facility who is aware of the patient’s condition and who could answer any further questions regarding the patient’s admission.

<table>
<thead>
<tr>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
</tr>
<tr>
<td>Contact Phone:</td>
</tr>
<tr>
<td>Extension:</td>
</tr>
<tr>
<td>Contact E-Mail:</td>
</tr>
</tbody>
</table>

**CONTACT NAME:** The name of the individual who is aware of the patient’s condition and could answer questions regarding the patient’s admission.

**CONTACT PHONE:** For the individual listed in the Contact Name.

**EXTENSION (Optional):** Make sure to include extension, if applicable.

**CONTACT EMAIL:** Providing your email address is required.

Completing all 3 sections and submitting the precertification:

After **ALL** the required fields have been entered on the Precertification form, click on the SUBMIT button.

Once the initial precertification information is submitted, you will **NOT** be able to go back and change/update the diagnosis/procedure code. If changes are needed, call the precertification line at 1-800-782-4437.

Each field on this screen meets the HIPAA 278 guidelines. Therefore, **ALL FIELDS MUST BE COMPLETED**. Failure to complete a field on this screen will result in an incomplete precertification. No data will be saved and a precertification will be initiated.
NOTE:
The Internet Explorer Back button will not work after you have submitted the information. If there is an error within the initial information you submitted, please call BCBSKS precertification at 1-800-782-4437 to have someone correct incorrect information on your behalf. Should this happen, this type of contact with Precertification has no impact on your facilities reimbursement.

After the Initial Precertification is Submitted

After the initial precertification information is submitted, a confirmation screen will appear. It will give you a precertification number (CONTROL NUMBER) and confirm the date that the precertification information is submitted (see example on the next page).

If the initial precertification is certified and does not bring the next review to a current date, then go to Precertifications in Process to complete a Current Stay Review (CSR).
Possible Outcomes of the Initial Precertification

Once the initial precertification is submitted, one of the following situations will occur with the submitted precert:

- **Certified in Total** - Indicates that the precertification is completed to the certified/review date. This will be a certification of admission only or a certification of medical necessity.

  If the precertification information is approved, a length of stay will be assigned.

- **Not Certified** - Indicates that the precertification did NOT meet medical necessity. This admission/service is not covered. Provider should refer to the Limited Patient Waiver (LPW) section of this Manual.

- **Pended** – Indicates that a decision regarding medical necessity has NOT been made. This requires additional information from the provider.

  - **Pended** – Clinical information needed from provider. This status used to be referred to as a "suspended" precertification.

  - **Pended Requires Medical Review** – This indicates that a nurse reviewer may be contacting the facility for additional information. The nurse reviewer will contact the person listed in the CONTACT INFORMATION of the precertification.

  - **Pended Information Not Received** – This indicates that information was not received or updated within 2 calendar days. This precertification is considered "incomplete".

If the precertification information is approved, a length of stay will be assigned.
**Completed Precertification Form**

### Pre-certification Form

<table>
<thead>
<tr>
<th>Control Number</th>
<th>012345678999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Submitted</td>
<td>02/19/2019</td>
</tr>
<tr>
<td>Health Care Services Review Status</td>
<td>Certified in Total</td>
</tr>
<tr>
<td><strong>INSTITUTIONAL PROVIDER INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Institutional Provider Number</td>
<td>1234567890</td>
</tr>
<tr>
<td>Facility</td>
<td>ABC HOSPITAL, INC.</td>
</tr>
<tr>
<td>Attending Physician Number</td>
<td>0123456789</td>
</tr>
<tr>
<td>Physician</td>
<td>JOHN SMITH</td>
</tr>
<tr>
<td><strong>PATIENT INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Patient Identification Number</td>
<td>1234567890</td>
</tr>
<tr>
<td>Patient Name</td>
<td>JANE DOE</td>
</tr>
<tr>
<td>Patient birth date</td>
<td>11/07/1986</td>
</tr>
<tr>
<td>Group Number</td>
<td>12345</td>
</tr>
<tr>
<td>Individual Relationship</td>
<td>Self</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td><strong>COVERAGE TERMINATION DATE</strong></td>
<td></td>
</tr>
<tr>
<td>Coverage Termination Date</td>
<td></td>
</tr>
<tr>
<td><strong>PROCEDURE/ADMISSION INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Procedure/Admission Date</td>
<td>02/18/2019</td>
</tr>
<tr>
<td>Procedure/Admission Time</td>
<td>1000</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>018</td>
</tr>
<tr>
<td>Certified/Review Date</td>
<td>03/08/2019</td>
</tr>
<tr>
<td><strong>PROCEDURE/ADMISSION INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Facility Type</td>
<td>Hospital</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td>M726</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Medical</td>
</tr>
<tr>
<td>Procedure Type</td>
<td>Medical</td>
</tr>
<tr>
<td>Surgical Date</td>
<td></td>
</tr>
<tr>
<td>Admission Type</td>
<td>Urgent</td>
</tr>
<tr>
<td>Admission Source</td>
<td>Physician Referral</td>
</tr>
<tr>
<td>Patient Status</td>
<td>Admitted as an Inpatient to this Hospital</td>
</tr>
<tr>
<td>Please Enter the Actual Discharge Date</td>
<td></td>
</tr>
<tr>
<td>Enter the Requested Number of Days for Extension</td>
<td></td>
</tr>
</tbody>
</table>

**Certified/Review Date** is the date scheduled in which an extension of benefits needs completed.  
**Length of Stay** is the number of days approved on the precertification.

---

**Contact Information**

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Jessica Moore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone</td>
<td>785-291-7236</td>
</tr>
<tr>
<td>Contact E-Mail</td>
<td><a href="mailto:Jessica.Moore@bcbsks.com">Jessica.Moore@bcbsks.com</a></td>
</tr>
</tbody>
</table>

**Submit**
Some diagnosis/procedure codes will automatically assign a length of stay and certify the initial precertification without additional medical criteria. In these cases, once the initial precertification data is submitted, the precertification will be ‘Certified in Total’ (complete) and a length of stay will be assigned (along with a next certified/review date).

The last section of the Precertification completion notification is a summary of the information submitted. Providers should verify this information to make sure it is accurate.

**Pended Precertifications:**
There are 3 reasons for a precertification to be pended, rather than certified in total:

1. Pended Precertification – No clinical data submitted clinical information is required from the provider.

If additional clinical information is required once the initial precertification is completed and submitted, a "Medical Criteria- New Review" button will appear (see above) and the precertification will be **PENDED FOR CLINICAL INFORMATION**. Clicking on "Medical Criteria- New Review" will take you to InterQual to enter clinical data on the patient.

- If you are unable to complete the precertification and provide clinical information at this time, you can log out without providing the information. The pended precertification will be found under the Pre-certification in Process option in BlueAccess.
2. Pended Precertification – Medical Review Required

**Pended Requires Medical Review** – This indicates that the provider *may or may not* have submitted clinical data, but further Medical Review is required. BCBSKS nurse reviewer may be calling the person listed on the Contact Information that was completed during the initial precertification for additional information.

Clicking on "Medical Criteria- New Review" will take you to InterQual to enter clinical data on the patient. If you would like to verify if we have received the clinical data electronically, please contact the Education and Communication Coordinator at 785-291-7236.

3. Pended Precertification – Information not received.

**Pended Information Not Received** – This indicates that information was not received from the provider or updated within 2 business days. This precertification is considered “incomplete”.

Once the precertification is "incomplete" you will be able to view it in the "Pre-certification in Process" option. However, you will not be able to add any clinical information to the precertification. A nurse reviewer will contact you to get clinical information to complete the precertification.
Call the BCBSKS precertification department at 1-800-782-4437 if any of the following data that you entered is incorrect:

- Patient Identification Number
- Procedure/Admission Date
- Diagnosis/Procedure Code
- Surgical Date
- Admission Type
- Contact Information
- Wrong patient selected on membership
- Cancellation of inpatient admission

**Pre-Service Review for Out-of-Area Members**

BCBSKS published helpful newsletters to inform our providers of the precertification process for out of area members. You can access the following newsletters here:

- October 31, 2013- [Electronic Provider Access (EPA) Capabilities for Providers Servicing Out-of-Area Members](#)
- December 2, 2013- [Electronic Provider Access (EPA) for Pre-Service Review of Out-of-area Blue Members](#)

Blue Cross and Blue Shield Plans provides Electronic Provider Access (EPA). EPA gives providers the ability to access out-of-area member’s Blue Plan portals to conduct electronic pre-service review through a secure routing mechanism. The availability of EPA varies depending on the capabilities of each Blue Plan. Some Blue Plans will be fully implemented and have electronic pre-service review for many services, while others will not yet have implemented electronic pre-service review capabilities.

When BCBSKS providers choose this option from the Pre-Service Review page they will be sent to the page below to begin the initial inpatient precertification if they have entered a valid alphanumeric-prefix and if the home blue plan is participating in EPA.

As shown on the next page, the provider should enter the first three letters and or numbers of the member's identification number on the Blue Cross and Blue Shield ID card and the **required** provider’s contact information, then click submit (see next page for example).
If the provider enters a prefix that doesn't exist, they will get the following screen with the message: **Alpha Prefix does not exist.**

If the provider enters a prefix for a **plan that does not submit electronic precertifications**, the provider will get the following message: **Blue Cross and Blue Shield of 
(State of Plan) does not offer electronic pre-service review. Please call (Plan's pre-service review #) to conduct pre-service review.**

Each Blue Plan's that is accepting precertification for out-of-area members will have a Pre-Service Review landing page which will include the following links:
- Instructions for completing the initial electronic precertification
- Completing an inpatient precertification

**IMPORTANT:** BCBSKS providers should look for these links once they have reached another BCBS Plan's landing page to assist them in submitting an electronic precertification for an out-of-area Blue Member.
Below if an example of what the landing page would look like for out-of-area member. Each Blue Plan may have a different appearance of the landing page for pre-service review.

**Precertifications in Process**

**IMPORTANT:** For scheduled admissions check Precertifications in Process to make sure that one for the patient has not already been initiated. This helps to prevent the duplication of a precertification.

After the initial pre-certification has been completed (i.e. the HIPAA 278 criteria has been completed), additional reviews may be necessary to determine:

- Appropriateness of place of treatment
- Length of Stay
- Medical necessity of continued inpatient stay

Precertification in Process are open/active precertifications that still require clinical information in and/or requiring continued stay review. Precertifications remain in the Pre-certification in Process until a discharge date has been entered (i.e. the precertification has been completed).

Precertifications in Process include precertifications that are available for:

- Completing the initial precertification process by adding clinical information
- Requesting additional days for extension
- Submitting a date of discharge (ending the continued stay review process)

Follow these steps to access your precertifications in process:

**Step 1:**

- Click here to view the precertifications for BCBSKS members already submitted by your facility.

**Step 2:**

- If you are needing a different date, click this box to populate a calendar to choose a different date. Calendar is seen below.
**IMPORTANT:** All precertifications in process will be displayed based on the *precert’s Certified/Review date, not the admission date.* This date that is submitted may be up to 6 months in advance and BCBSKS recommends using a future date to ensure that all precertifications are accessed.

**Step 3:**
If no Certified/Review date is assigned to the precertification, those precertifications will appear at the top of the search results.

![Image of precertification table]

Click on the Patient ID # to retrieve the precertification information.
Possible Outcomes of the Precertifications in Process

Certified in Total
Indicates that the precertification is completed to the certified/review date. This will be a certification of admission only or a certification of medical necessity.

- If the precertification information is approved, then the following will occur:
  - The status will change to CERTIFIED IN TOTAL
  - Blue text will appear to show that the initial precertification/continued stay review has been approved. You will see the message, "Certified in Total, length of stay assigned" or "Continued stay review loaded, length of stay has been assigned."

**NOTE:** The total length of stay is assigned for the entire admission.
For Example: Patient is admitted on 03/01/19. On the initial precertification, a length of stay of 2 days is assigned (03/01/19 and 03/02/19). On 03/03/19 a continued stay review (CSR) is done, requesting an additional 2 days. After the medical criterion is complete, the length of stay field shows 3 days. These three days reflect the two initial days and the one additional day approved for the CSR.

Not Certified
Indicates that the precertification did NOT meet medical necessity. This admission/service is not covered. Provider should refer to the Limited Patient Waiver (LPW) section of this Manual.

Pended
Indicates that a decision regarding medical necessity has NOT been made. This requires additional information from the provider.

- Pended – Clinical information is needed from the provider. This status used to be referred to as a “suspended” precertification.

- Pended Requires Medical Review – This indicates that a nurse reviewer may be contacting the facility for additional information. The nurse reviewer will contact the person listed in the CONTACT INFORMATION of the precertification.

- Pended Information Not Received – This indicates that information was not received or updated within 2 business days. This precertification is considered “incomplete”.

Continued Stay Review

Continued Stay Review (CSR) and Requesting Additional Days

- Follow steps 1 – 3 on pages 25-37 to access the precertification in process by clicking on the member ID # and then begin the CSR.

- Enter the anticipated number of days the patient needs acute care services. Once days are entered, the system will route you to InterQual to enter clinical documentation to support the medical necessity of the additional days in inpatient care for the patient. The length of stay requested does not assure the stay will be extended for the requested number of days.

Patient is Discharged

Once the patient is discharged, the discharge date needs to be entered to the pre-certification within two (2) days. This will complete the precertification. Failure to add the discharge date within two days will result in an incomplete precertification.

If a discharge date is not added within two days, the provider will not be able to add additional information through the Precertification in Process list. The pre-certification will be PENDED.
**Medical Information Not Received.** The provider will receive a letter stating that the precertification is incomplete and medical records may be requested.

**Patient is Deceased Upon Discharge**

Should your patient pass away during their inpatient stay, you will still need to discharge the patient with their date of death. In addition to the date of death, please check the "deceased" option below the discharge date.

This option will notify Blue Cross and Blue Shield of Kansas (BCBSKS) to not forward the member's information to our Discharge Outreach Program. This will alleviate our nursing staff from contacting a grieving family to inquire about helping with any follow up care.

**IMPORTANT:** If you experience access issues for submitting clinical information into InterQual, please provide this information above to your IT staff for troubleshooting and to confirm you are operating your system within these guidelines.

**Please note:** In 2017 all providers who need to access InterQual for the submission of clinical information on an electronic inpatient precertification will need to upgrade to Internet Explorer (IE) 11.
Electronic Precertification Examples

<table>
<thead>
<tr>
<th>SCENARIO</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Monday, the provider submits a complete initial review for a Friday admission. The system assigns a length of stay of 2, making the next certified/review date as Sunday. Therefore, a continued stay review is also due.</td>
<td>After submitting the initial precertification review and getting a 'Certified in Total' status and an assigned length of stay, the provider may go into Precertification in Process and submit a continued stay review (either by adding a discharge date or requesting additional days).</td>
</tr>
<tr>
<td>On an initial precertification, the case manager goes to the Medical Criteria and realizes she/he is missing some information. She selects SAVE WITHOUT making any selections/changes.</td>
<td>The precertification will be PENDED until the medical criteria are selected. Since no medical criteria are selected, nothing will be saved.</td>
</tr>
<tr>
<td>On an initial precertification, the case manager goes to the Medical Criteria. After selecting the criteria, she discovers that the patient doesn't meet the criteria. She selects Save Review and goes back to the chart to look for more information.</td>
<td>Since the case manager 'saved' the information, the criteria selected will be saved and the case manager will be able to go back into Pre-certification in Process and select the pre-certification and update the medical criteria.</td>
</tr>
<tr>
<td>Today is the next certified/review date for a continued stay review. The case manager goes into Medical Criteria to update the clinical information. The case manager will select REVIEW COMPLETE (which means the information was sent to BCBSKS). Later that day, the case reviewer discovers she has additional information and goes in to do another continued stay review.</td>
<td>A provider may only submit one continued stay review per day. If the case reviewer attempts to submit another continued stay review on the same day, an error message will appear. Case manager must wait until the next certified/review date to update the information or the case manager may call.</td>
</tr>
<tr>
<td>Today is the next certified/review date for a continued stay review. The case manager goes into Medical Criteria to update the clinical information. When finished, the case manager selects REVIEW COMPLETE (which means the information was sent to BCBSKS). Later that day, the case reviewer discovers she has entered information on the wrong patient.</td>
<td>If the data submitted is incorrect, contact the Precertification area: 1-800-782-4437</td>
</tr>
<tr>
<td>Today is the next certified/review date for a continued stay review. The case manager goes into Medical Criteria to update the clinical information. When finished, the case manager selects SAVE. Two days pass and the case manager doesn't go back in and update the previous information.</td>
<td>The status of the precertification will be changed to Pended Requested Information Not Received after 2 days. A letter will be sent to the provider and medical records may be requested. No additional information can be submitted on-line.</td>
</tr>
</tbody>
</table>
Precertification Frequently Asked Questions (FAQs)

1. **When is the Web-based precertification system available?**
   The precertification system has the same operating hours as our entire BCBSKS Web site and this question is more easily answered by telling you when the BCBSKS Web site is not available. It is not available:
   - Tuesday- Saturday: midnight to 2:00 a.m. (CT)
   - Sunday-6:00 p.m. to midnight (CT)

2. **How long can I be logged into the precertification system?**
   If you're actively working in the BCBSKS Web-based precertification section moving from page to page, there is no time limitation. If you're logged into the system but sitting idle, you will be automatically logged off after 30 minutes. This automatic log off process is not limited to the precertification system but applies to the entire BCBSKS Web site.

3. **If I get a browser page that says 'page cannot be displayed', what does that mean?**
   The page you are looking for might have been removed, had its name changed, or is temporarily unavailable.

   Please review our [Tech Support Q&A](#) for assistance.

4. **How will I be notified of updates and other information about the precertification system?**
   Information about changes to the precertification system will be posted to the [Latest News section](#) of the public BCBSKS Website (www.bcbsks.com). To receive automatic email notification, you need to subscribe to the electronic mailing notice for latest news.
   [Subscribe now](#).

5. **What training is available for the web-based precertification system?**
   Available in the PROVIDER SERVICES section of our Website, you have access to the precertification training manual and to an on-line training module. The education coordinator is also available for technical questions (i.e. how to get around the Website) at (785) 291-7236. For clinical type questions, you can call BCBSKS precertification at 1-800-782-4437.

6. **How can I be sure my precertification information was actually received by BCBSKS?**
   After submitting a precertification, verify that the following information is complete:
   - 1. A precertification (control) number has been assigned
2. A length of stay has been given
3. A certified/review date has been assigned

You may also verify the precertification was received by viewing the precertification on the PRECERTIFICATION IN PROCESS list.

7. **What should I do if I accidentally click on the MEDICAL CRITERIA button and get into InterQual?**

   If you accidentally get into InterQual and do not have any information to enter, click on the box that says SAVE in the upper right-hand corner to exit. DO NOT use the back button.

8. **What should I do if I accidentally click on the BACK button while I'm in InterQual?**

   You will need to close your browser (click the "X" in the upper right hand corner) and go back into the browser.

9. **What can I do if I select the wrong InterQual criteria, category or subset?**

   You cannot use the browser BACK button while in InterQual.

   You will need to click your mouse in the Criteria Subset box that is located in the box that runs along the left-hand side of the screen. By clicking there, you will get an option to change the subset.

10. **What version of InterQual is available on the website?**

    The criteria are updated annually in June.

11. **Is a specific Web browser required for the InterQual/Precertification System?**

    See page 2 of this manual for the details on system requirements for Availity, BlueAccess and InterQual

12. **How will I know the correct Episode Day to choose in InterQual?**

    When an initial precertification is electronically submitted, the admission day for the patient is the 1st Episode Day (Episode Day 1) when choosing the Episode Day in InterQual.

    When a Continued Stay Review (CSR) is being submitted and the condition subset remains the same for the CSR as it was for the initial precertification, then the Episode Day submitted into InterQual for the CSR should be counted with the admission day as Episode Day 1 and each subsequent day counted as an Episode Day. The Episode Day(s) **do not start over** if the condition subset remains the same for the CSR as it was for the initially submitted precertification.
For Example: A patient was admitted on 10/1/19 and Episode Day 1 is selected on 10/1/19 with the initial precertification. If a CSR is requested on 10/3/19 for the same patient and the condition subset remains the same as the subset chosen on Episode Day 1 (day of admission), then the Episode Day chosen in InterQual for the CSR on 10/3/19 should be Episode Day 3.

When a CSR is being submitted and the condition subset changes for the CSR (a condition subset is chosen for the CSR that is different from the condition subset that was chosen on Episode Day 1 with the initial precertification), then the Episode Day count starts over with Episode Day 1 for the CSR. The Episode Day(s) start over with a change in the condition subset.

For Example: A patient was admitted on 10/1/19 with the flu and Episode Day 1 is selected on 10/1/19 with the initial precertification. If a CSR is requested on 10/3/19 for the same patient and the condition subset changes to pneumonia, then Episode Day 1 should be chosen on 10/3/19 due to the change in the condition subset (from flu to pneumonia) in InterQual.

13. How will I know that new information is available regarding the precertification system?

Receive email notification of new information and updates through the mailing list. Sign up for eNews on the provider page of the BCBSKS website. [www.bcbsks.com](http://www.bcbsks.com).