Institutional Relations

Precertification Manual

BlueCross BlueShield Kansas

bcbsks.com

Contents

Web-Based Pre-certification 2
System Requirements for the Electronic Inpatient Pre-certification System 2
Establishing Secure Access 4
Availity: 4
Blue Access: 7
Pre-certification Menu Options 9
Pre-Service Review of BCBSKS Members 9
Submitting a New Pre-certification 9
Finding a BCBSKS Patient ID Number: 10
Selecting the Procedure/Admission Date 12
Facility/Attending Physician Number Search 13
Completing the Pre-certification Form for a New Inpatient Stay 16
Possible Outcomes of the Initial Pre-certification 22
Completed Pre-certification Form 23
Pended Pre-certifications: 24
Pre-Service Review for Out-of-Area Members 26
Pre-certifications in Process 28
Possible Outcomes of the Pre-certifications in Process 31
Certified in Total 31
Not Certified 31
Pended 31
Continued Stay Review 32
Continued Stay Review (CSR) and Requesting Additional Days 32
Patient is Discharged 32
Patient is Deceased Upon Discharge 33
Electronic Pre-certification Examples 34
Pre-certification Frequently Asked Questions (FAQs) 35

Web-Based Pre-certification

Web-Based Pre-certification is available for:

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

Web-Based Pre-certification is **NOT** available at this time for the following services, but pre-certification 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 pre-certification needs to be done within 2 business days.
- Pre-certification 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 pre-certification for ***most*** contracts. If the mother or baby stays beyond 48/96 hours, pre-certification may be required.

System Requirements for the Electronic Inpatient Pre-certification System

If you are using the BCBSKS electronic inpatient pre-certification system and begin with the initial new pre-certification 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

The following information is what your computer will need to enter precerts/clinical information. Your IT department/vendor should be able to verify if your computer meets the requirements.

Client Workstation Software

Client Application	Client Operating System	Other Required Software
Review Manager 17.0	Any of the following Microsoft operating systems: • Microsoft® Windows® 7 SP1 • Microsoft Windows 10	Any of the following: • Internet Explorer 11.0[a, b]

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.

Software	Version	Notes
Oracle JRE	1.8.0_161	The JRE/JVM is automatically installed with Jetty.
IBM JDK 8.0	Oracle JVM 8.0 compatible	Applies only to WebSphere-based installations.
Crystal Reports	CR 2008	Crystal Reports is required only to create custom reports.
Adobe Reader	10.x and later	Reader is required to display Review Manager PDF files, such as the documentation.
Adobe Flash Player	17.x and later	

Recommended Hardware Configurations

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

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

Review Manager Component	Processor	RAM	Hard Disk Space	Other
Review Manager Server	2.6 GHz Intel® processor or equivalent 32-bit or 64-bit	2 GB	40 GB	N/A
DBMS Server	2.6 GHz Intel processor or equivalent 32-bit or 64-bit	2 GB	40 GB	N/A
Client Workstation Used for: Review Manager	2.6 GHz Intel processor or equivalent 32-bit or 64-bit	2 GB	40 GB	1024 x 768 pixel or higher monitor resolution

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.

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 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.

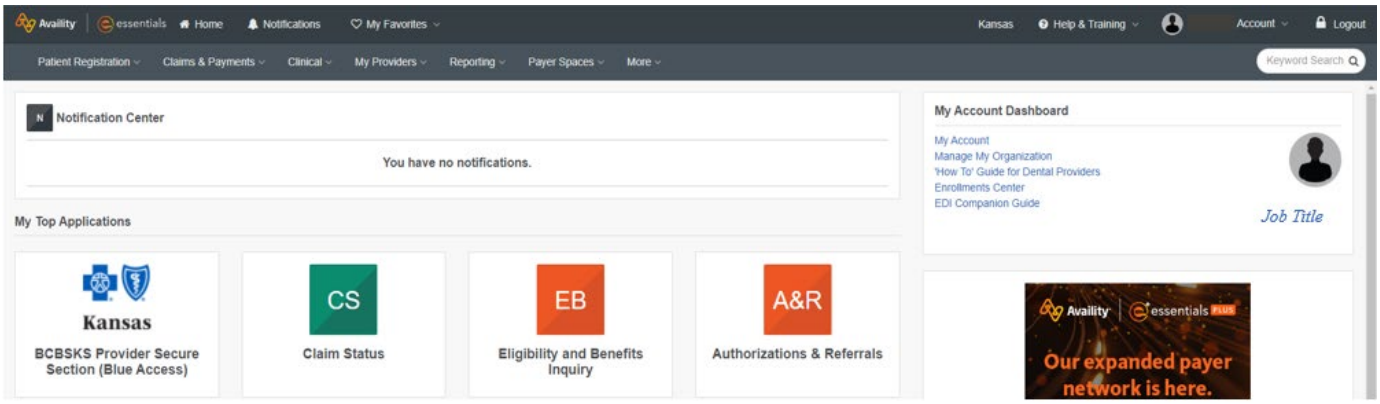
If you have additional questions regarding Availity, please contact Availity Client Services toll free at 800-Availity (800-282-4548) or e-mail questions to support@availity.com. Availity Client Services is available 7 a.m. to 6 p.m. CT, Monday through Friday (excluding holidays).

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.

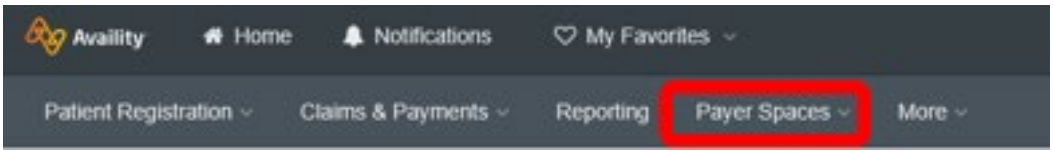
Once logged onto the Availity Web Portal you will see the screen on the next page.



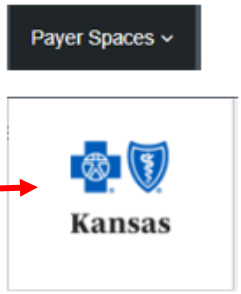
Providers can access Payer Spaces once logged onto the Availity portal. Payer Spaces link is located just below your name on the upper right side of the page. The drop down from the Payer Spaces link allows providers to click on the Blue Cross and Blue Shield of Kansas (BCBSKS) logo, which will take 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 Pre-certification System:

Step 1: Click on Payer Spaces

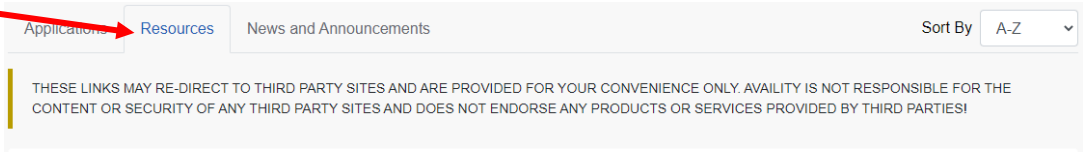


Step 2: Click on BCBSKS Logo

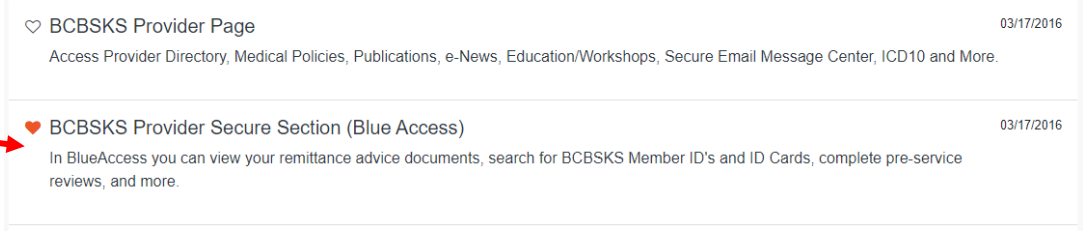


Step 3: Look for the BCBSKS Welcome Page

Step 4: Select the Resources tab



Step 5: BCBSKS Provider Secure Section (BlueAccess)



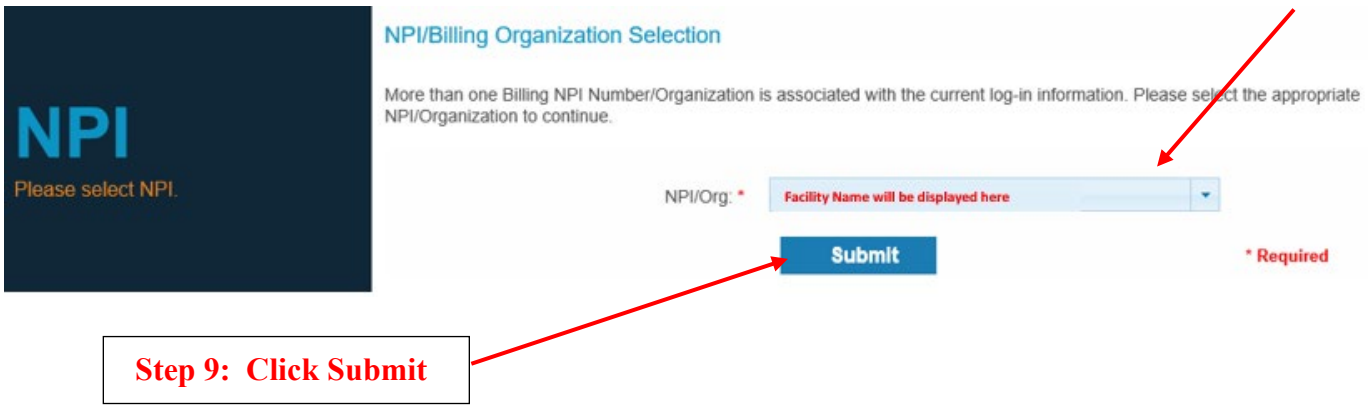
When a provider selected BCBSKS Provider Secure Section (BlueAccess) the provider will need to select an organization. This list shows all the Tax ID numbers/ NPI numbers you are eligible to precertify under. Please note, if you click an organization and click "Submit", and it takes you back to the above 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. Pre-certification or Remittance Advice) as well as public information (i.e. Publications or Medical Polices)

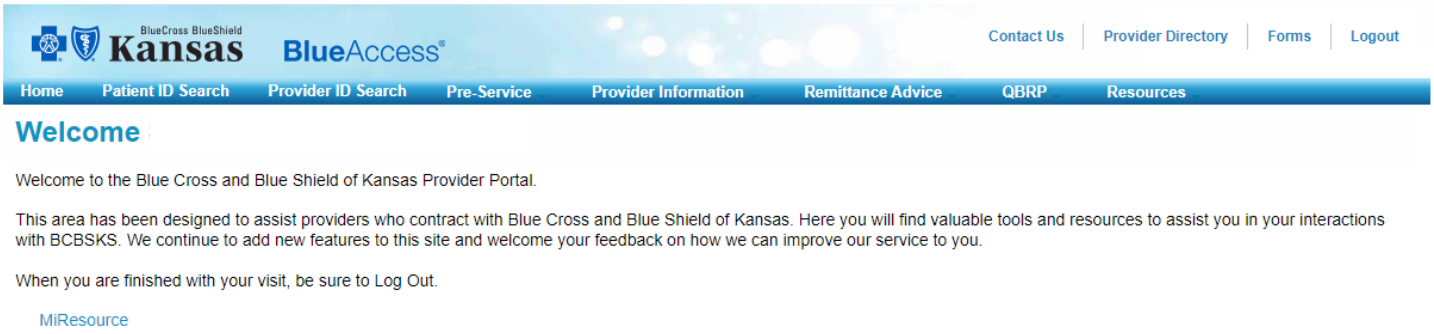
Blue Access:

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.



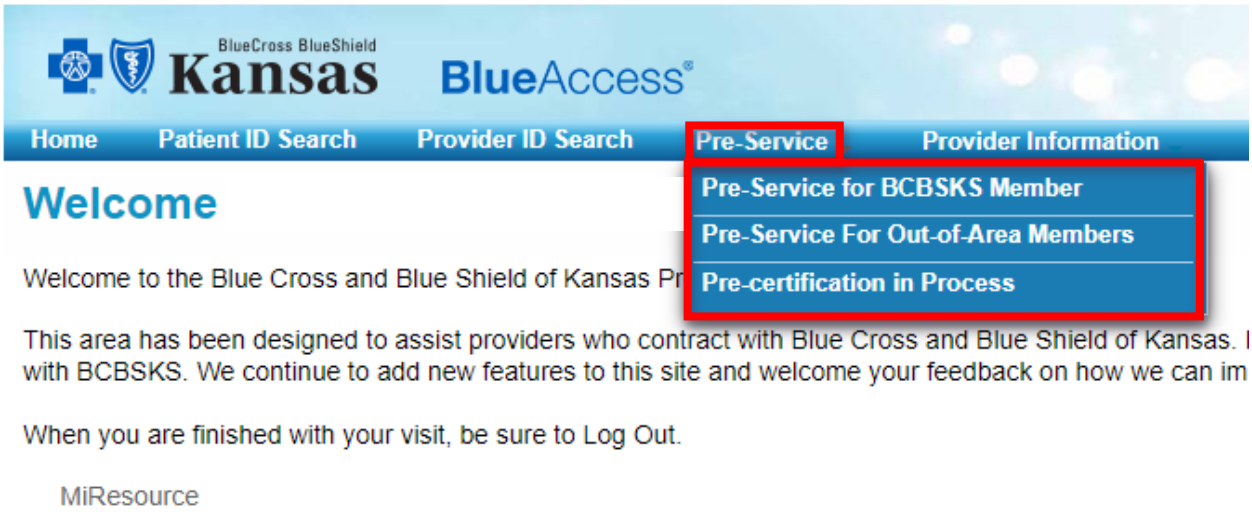
Welcome screen to Blue Access:



Pre-certification Menu Options

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

- Pre-Service for BCBSKS Member
  - Initial Pre-certification for Kansas Members
- Pre-Service for Out-of-Area Member
  - Pre-certification for all other Blue Cross and Blue Shield Members (out of state identification numbers)
- Pre-certification in Process

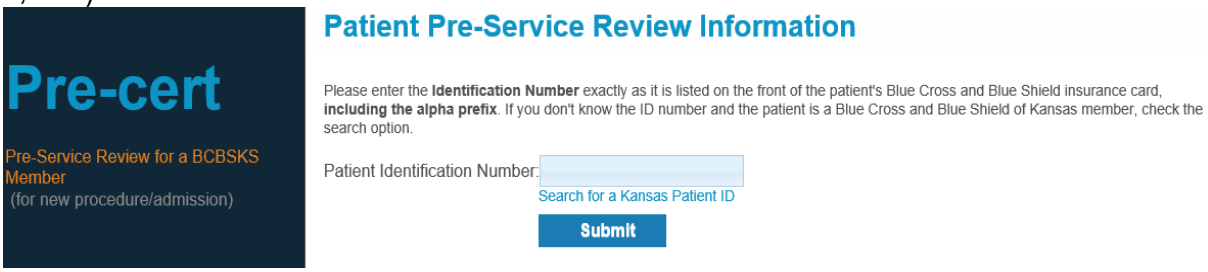


  - View previously submitted pre-certifications, complete a Continued Stay Review (CSR) on a current pre-certification or submit a discharge date.
  -

Pre-Service Review of BCBSKS Members

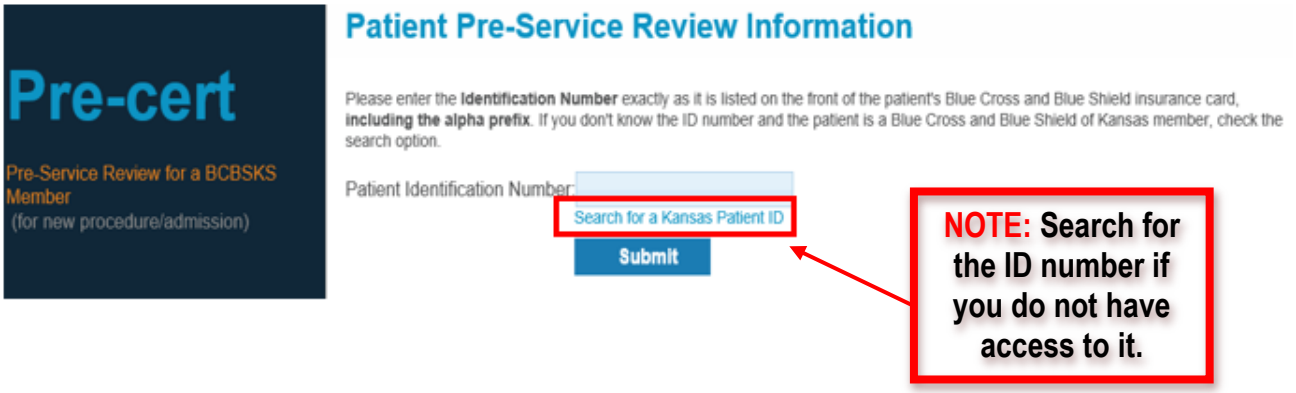
Submitting a New Pre-certification

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.)

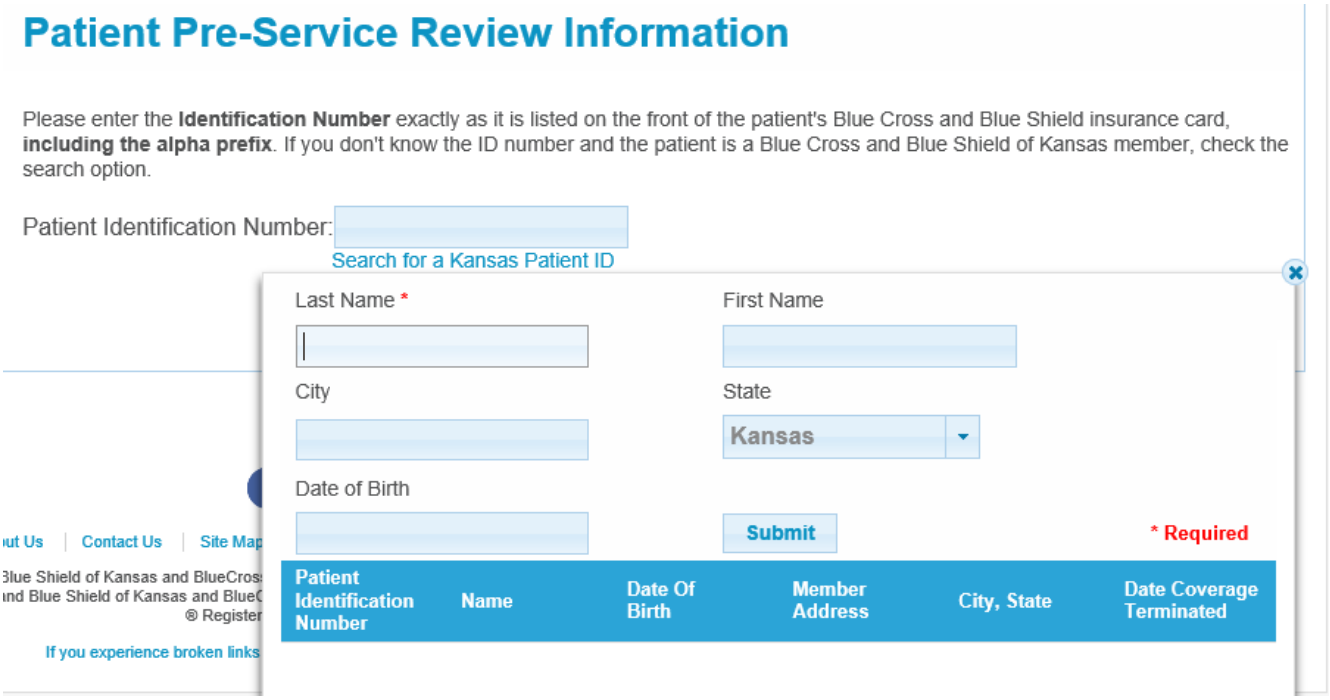


Finding a BCBSKS Patient ID Number:

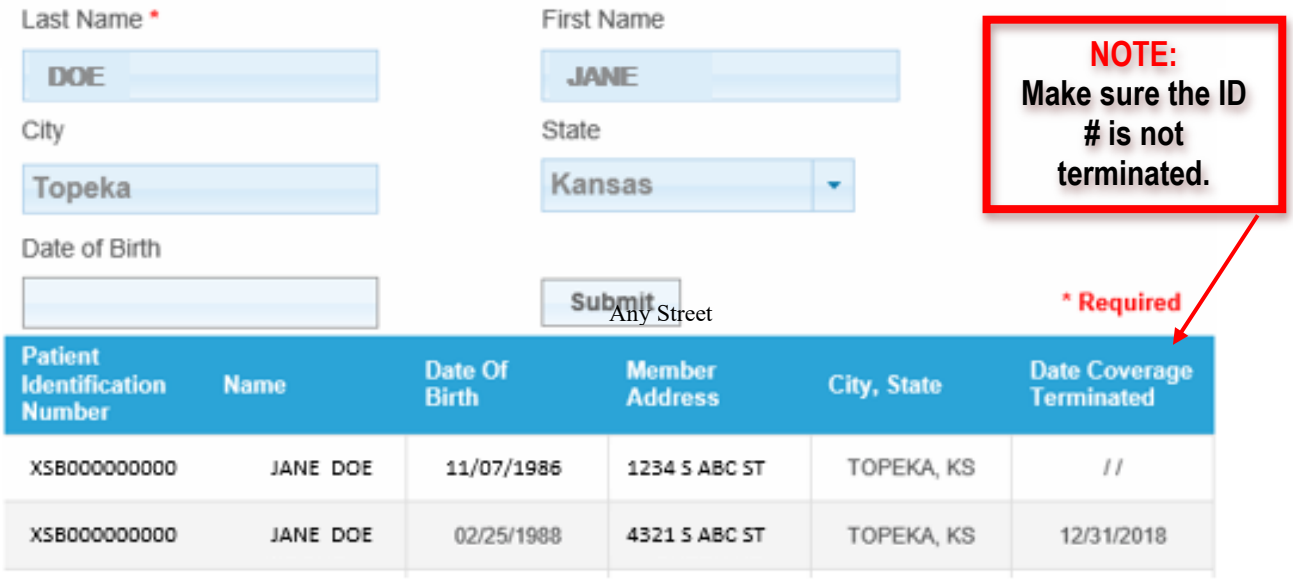
If you do not know the member's ID number, you are able to search for the member by following the steps below:



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

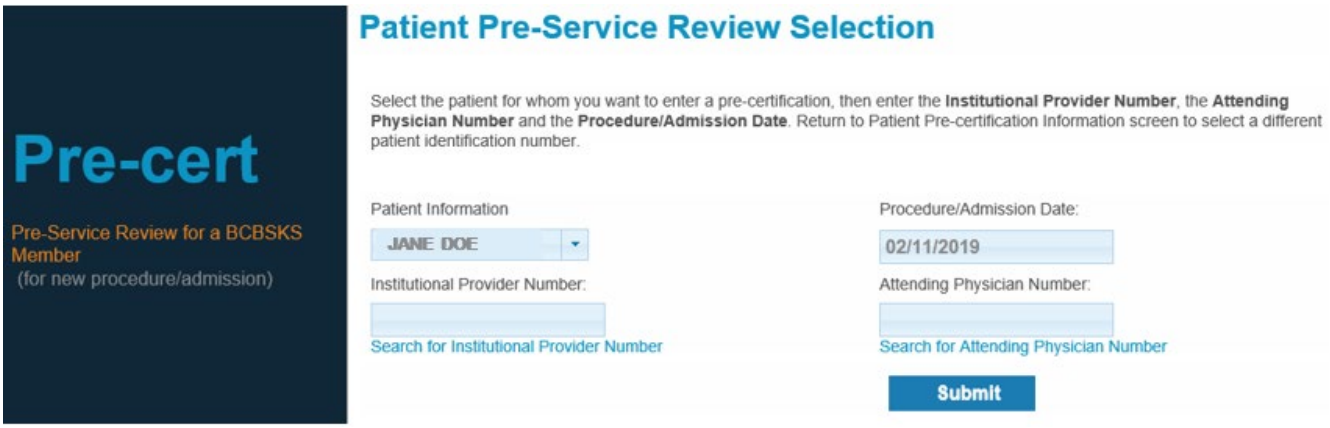


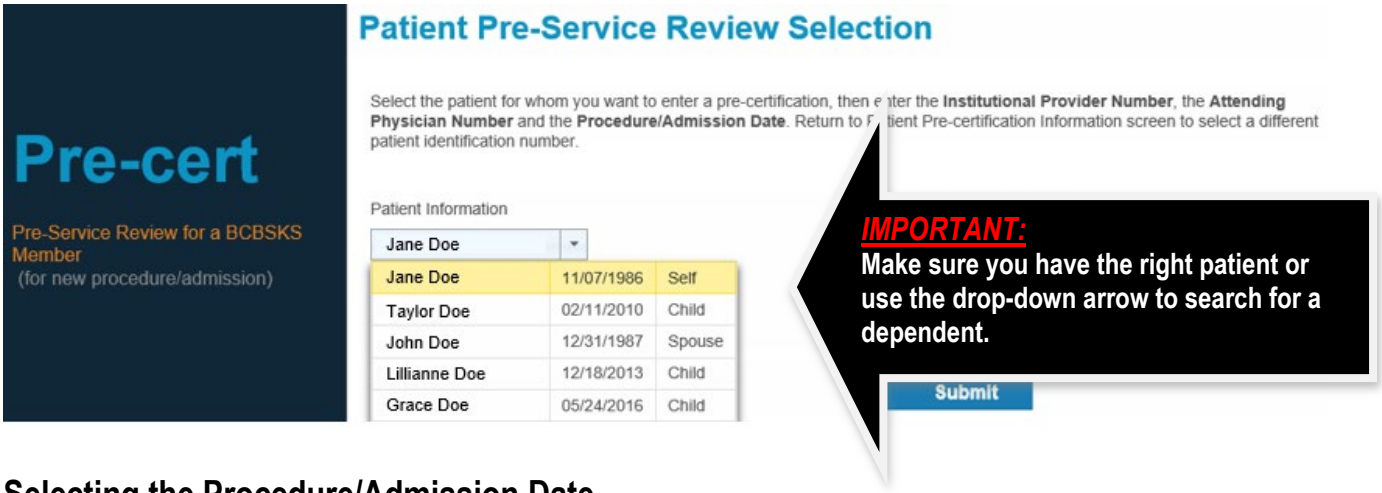
Fill out as much patient information as you have available. This will help you narrow down your results. After entering the information click "Submit". Next, you will be provided a list of all BCBSKS members who fulfilled the criteria you submitted in the search.



Remember to:

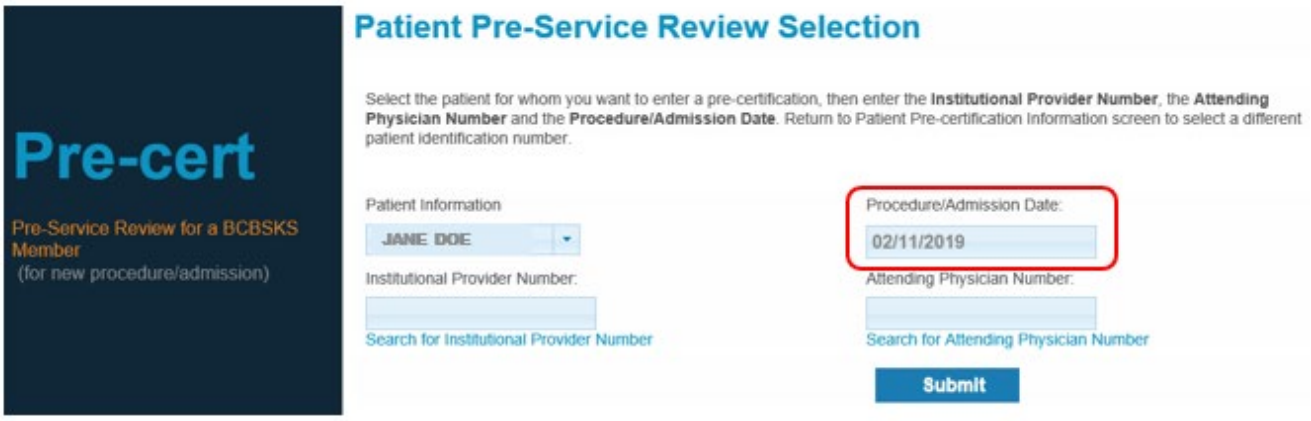
- Select the correct identification number.
- Select only an active identification number



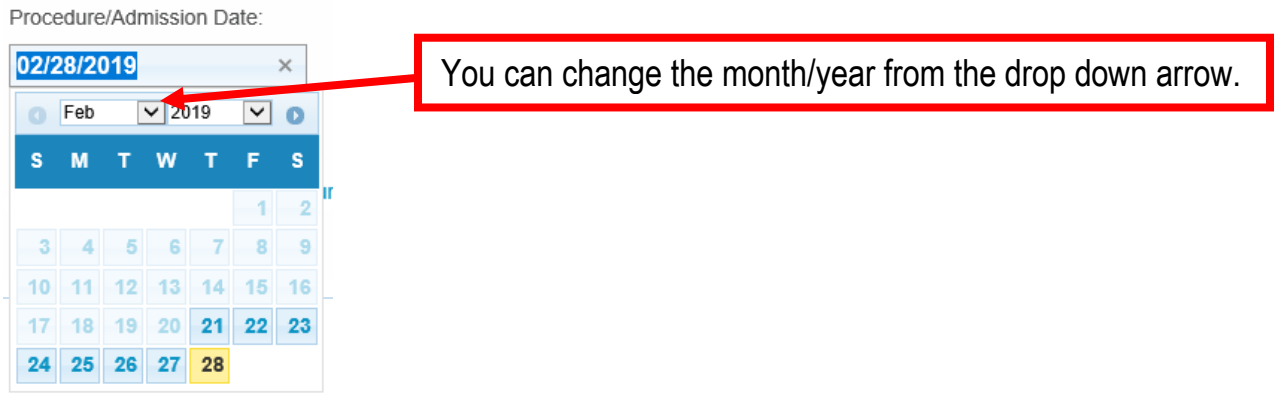


Selecting the Procedure/Admission Date

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 pre-certification without starting over.

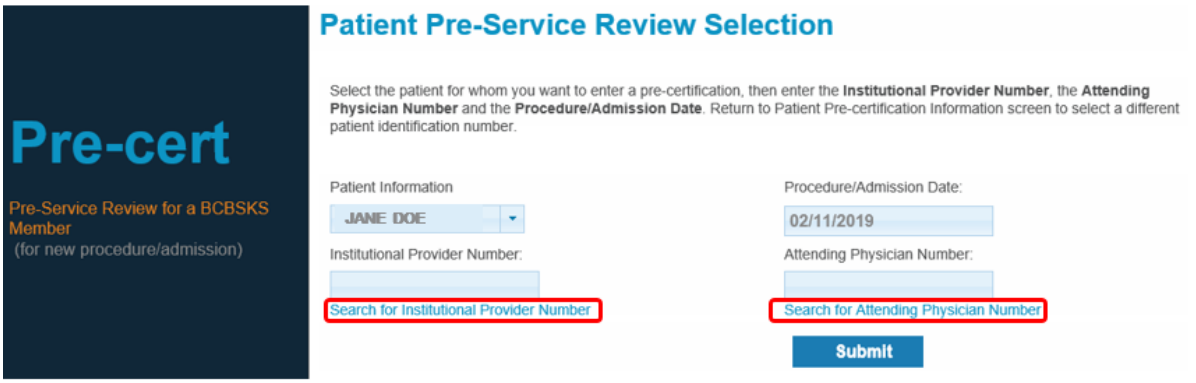


To change the procedure/admission date, click on the current date listed. Once you click on the date, a calendar will populate for you to click on the correct procedure/admission date.

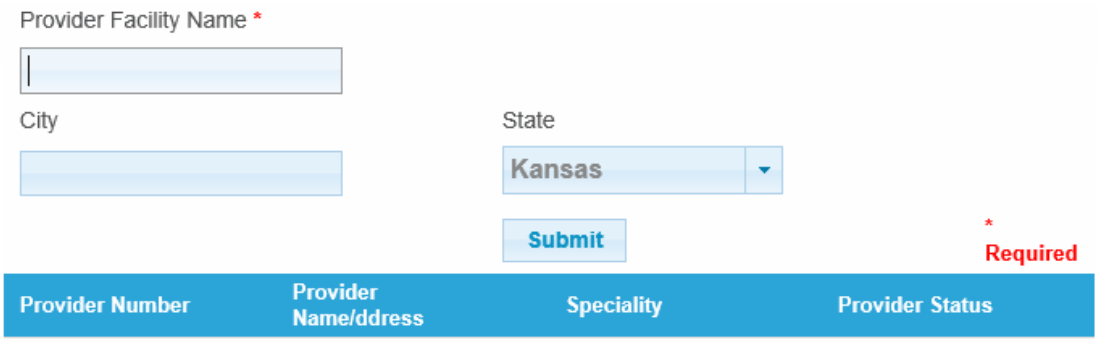


Facility/Attending Physician Number Search

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.

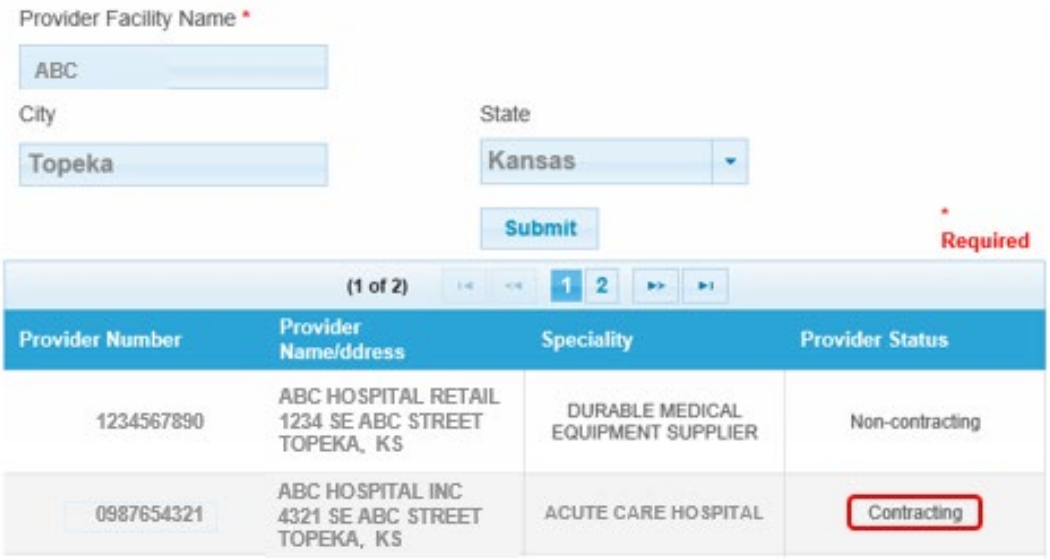


Facility Number Search



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.

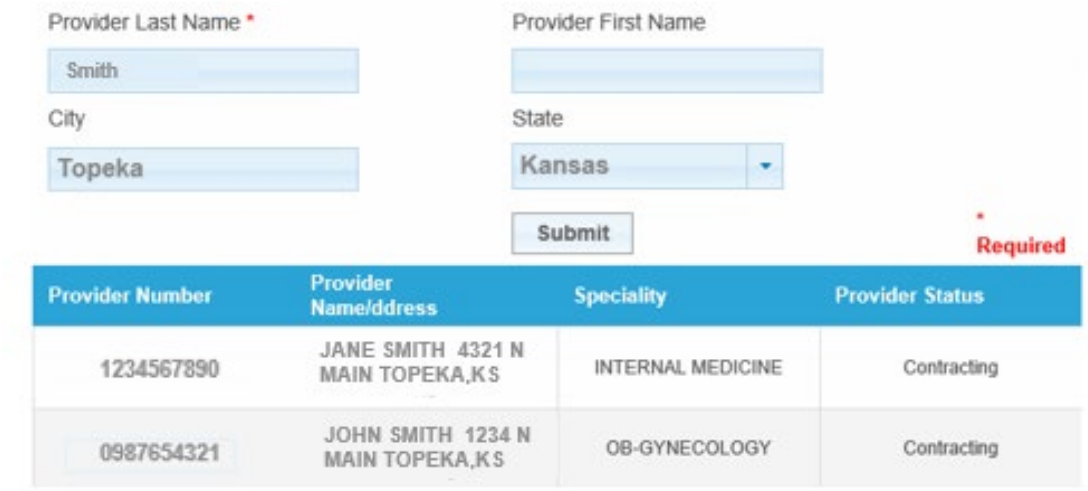
When choosing the facility, be sure to select the correct facility number. Some facilities have more than 1 NPI based off specific units offered in their facility (rehab, swing bed, psychiatric, etc.) The facility also may have more than 1 page of NPI numbers to choose from. Please be sure you are using 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. **Pre-certification 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 Pre-certification Selection screen and the attending physician number will automatically be filled in.

Completing the Pre-certification 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 pre-certification form.

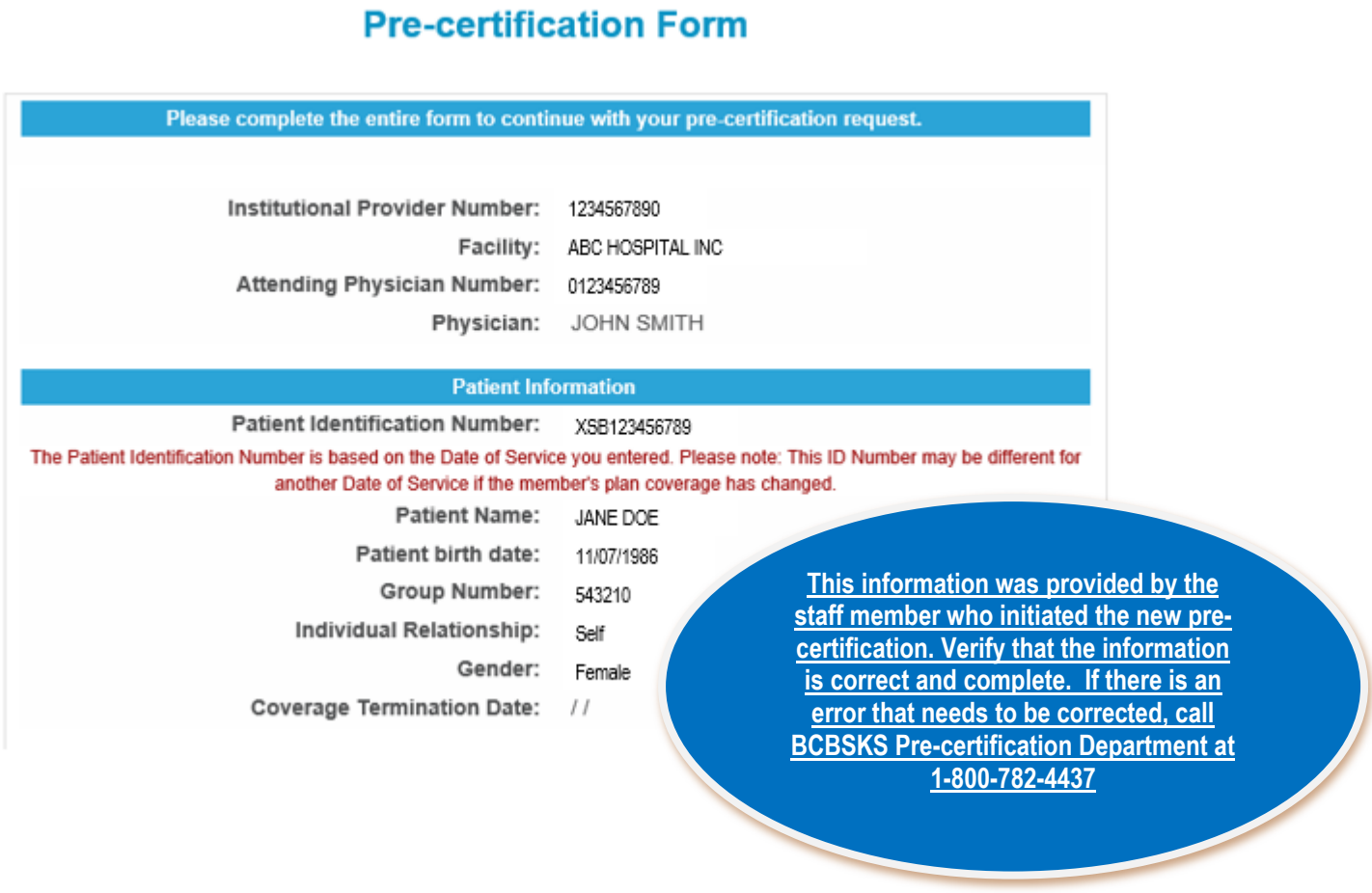
The electronic pre-certification form is broken down into three sections. Each section must be completed prior to submission. The three sections are as follows:

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

Each of the 3 sections of the pre-certification is described in detail on the following pages.

SECTION 1:

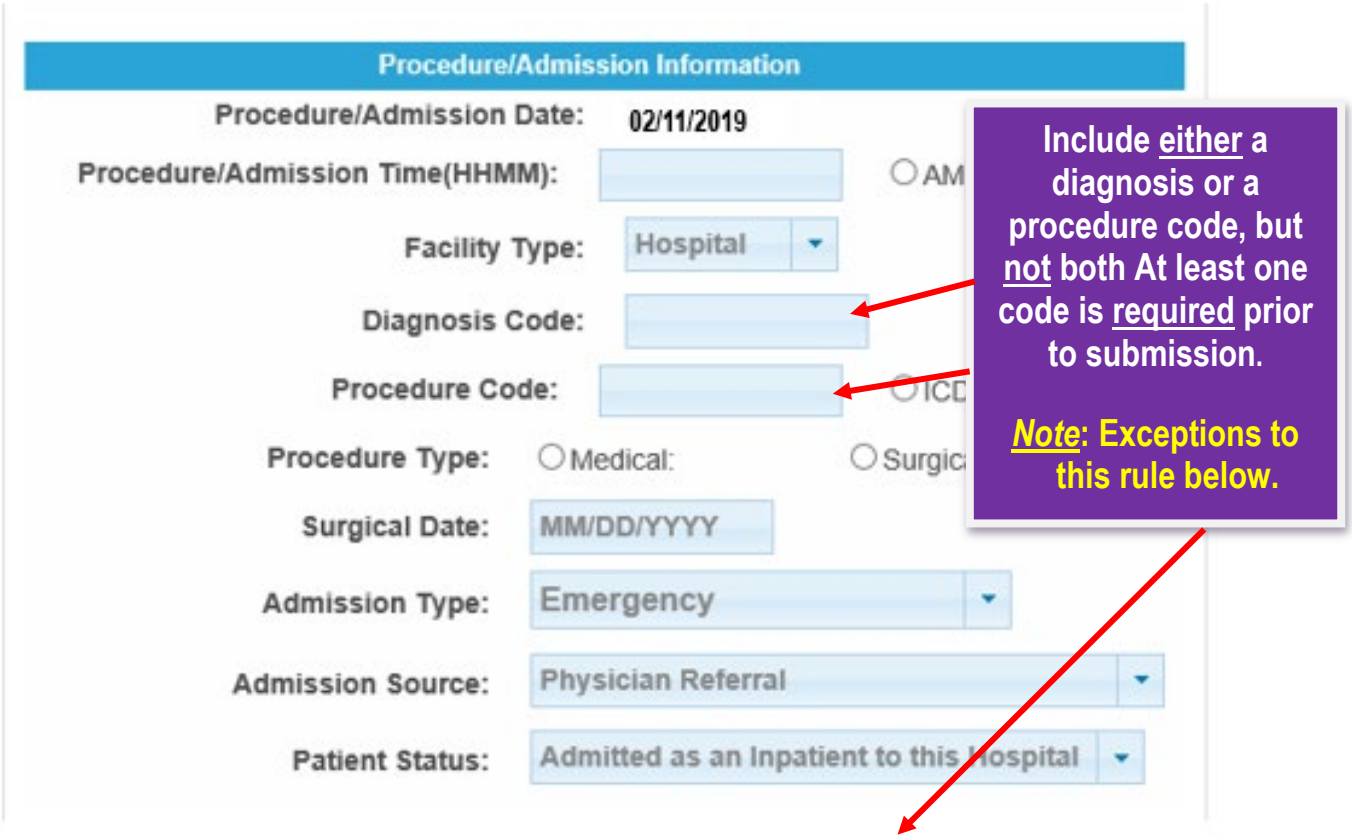
Patient Information -This section of the pre-certification form will automatically be filled in with the information you submitted on previous screens. It is important to verify that the information in this section is correct.



SECTION 2:

Procedure/Admission Information - This second section of the pre-certification 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 pre-certification 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 '0UT' 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 pre-certification 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 pre-certifications. **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 pre-certification. Do not code for rule out or suspected conditions.

PROCEDURE TYPE: Provider should designate whether this is a medical or surgical admission. If the pre-certification is for a medical admission, a diagnosis code should be entered in the code fields. If the pre-certification 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)

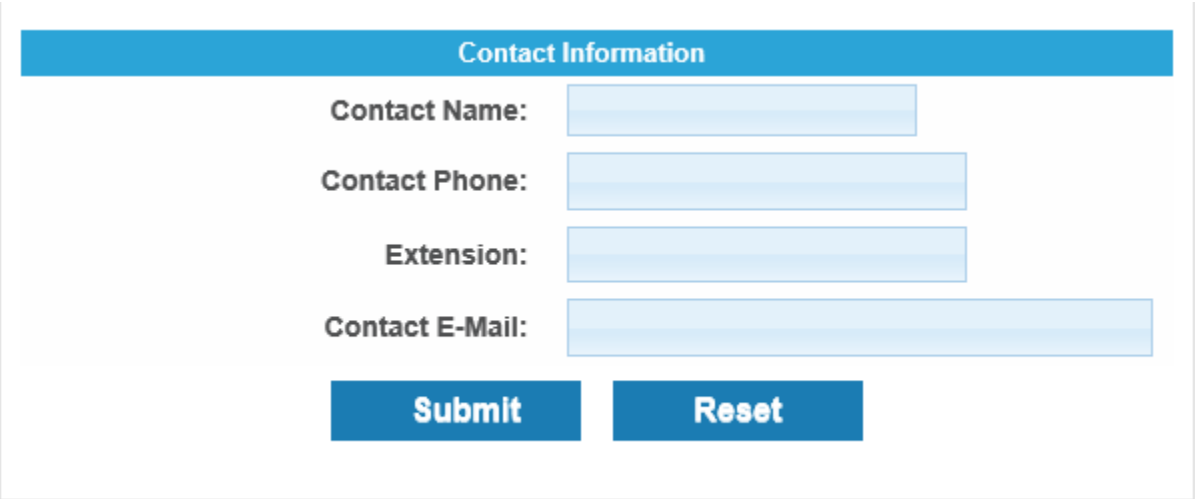
ADMISSION TYPE: Select the admission type from the drop down box.

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.



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.

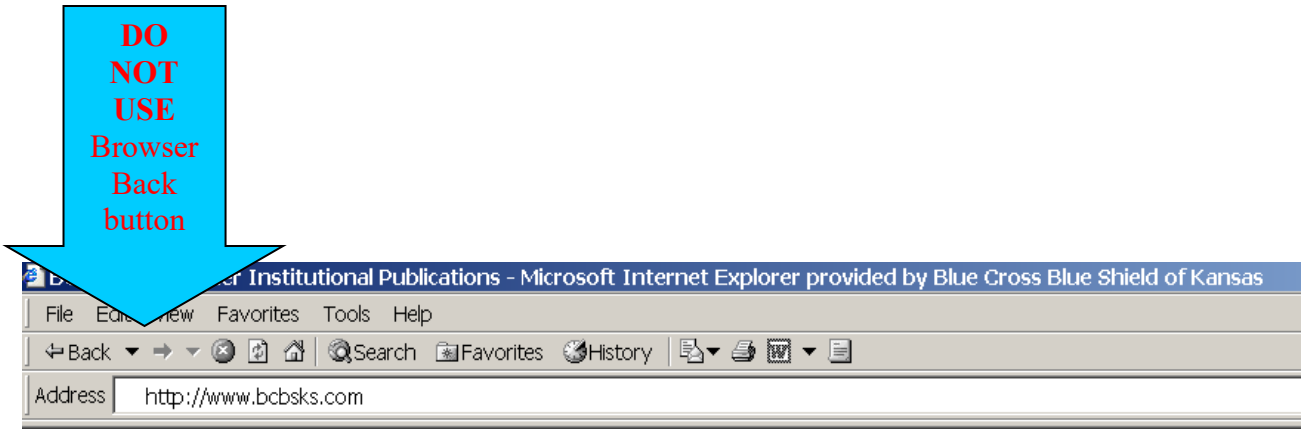
Completing all 3 sections and submitting the pre-certification:

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

Once the initial pre-certification information is submitted, you will **NOT** be able to go back and change/update the diagnosis/procedure code. If changes are needed, call the pre-certification 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 pre-certification. No data will be saved and a pre-certification will not be initiated.

NOTE:
The ***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 pre-certification at 1-800-782-4437 to have someone correct incorrect information on your behalf. Should this happen, this type of contact with Pre-certification has no impact on your facilities reimbursement.



After the Initial Pre-certification is Submitted

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

If the initial pre-certification is certified and does not bring the next review to a current date, then go to Pre-certifications in Process to complete a Current Stay Review (CSR).

Possible Outcomes of the Initial Pre-certification

Once the initial pre-certification is submitted, one of the following situations will occur with the submitted precert:

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

  If the pre-certification information is approved, a length of stay will be assigned.

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

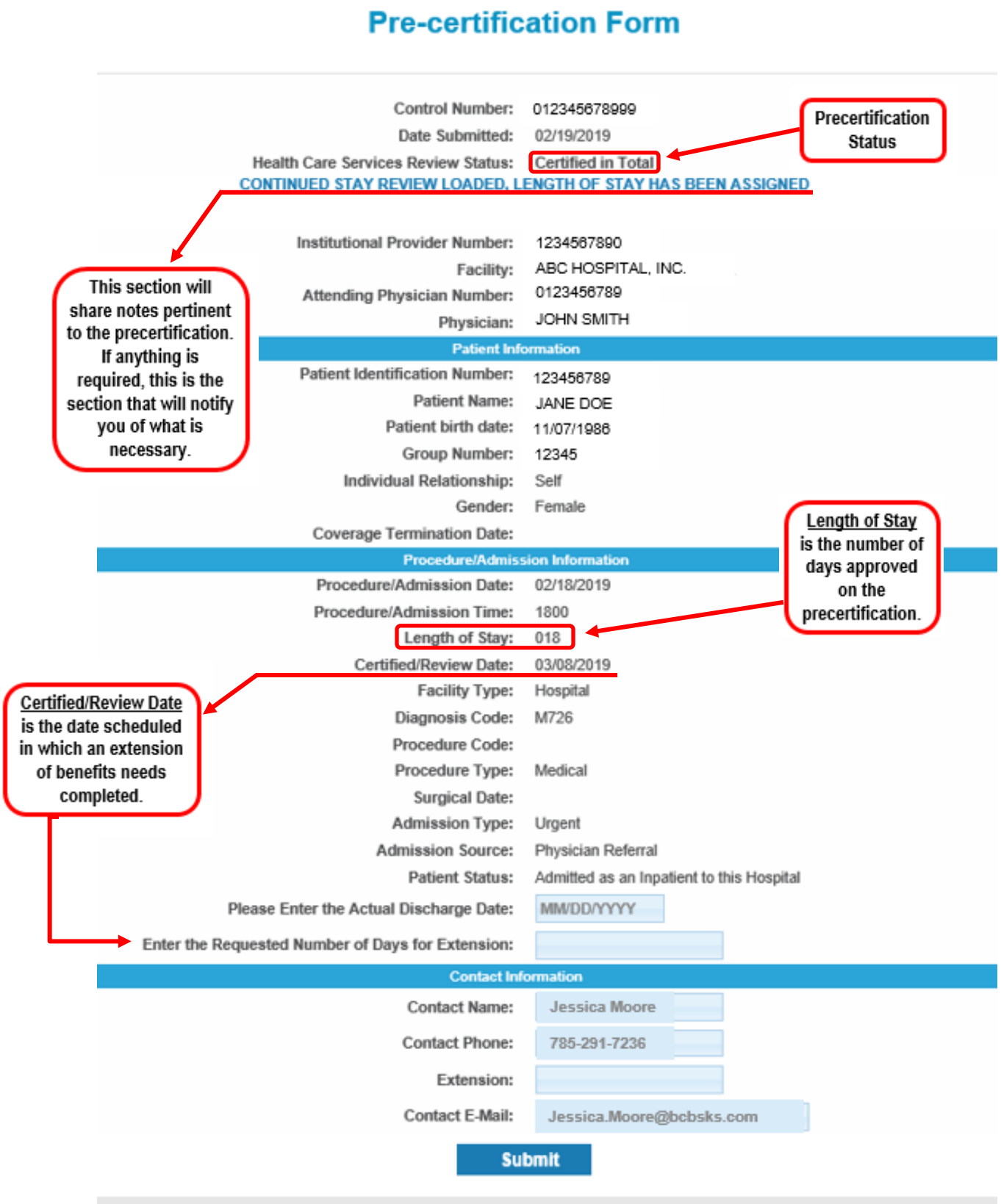
- **Pended** – Indicates that a decision regarding medical necessity has NOT been made. This requires additional information from the provider.

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

  - 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 pre-certification.

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

Completed Pre-certification Form



Some diagnosis/procedure codes will automatically assign a length of stay and certify the initial pre-certification without additional medical criteria. In these cases, once the initial pre-certification data is submitted, the pre-certification 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 Pre-certification completion notification is a summary of the information submitted. Providers should verify this information to make sure it is accurate.

Pended Pre-certifications:
There are 3 reasons for a pre-certification to be pended, rather than certified in total:

1. Pended Pre-certification – No clinical data submitted clinical information is required from the provider.

If additional clinical information is required once the initial pre-certification is completed and submitted, a "Medical Criteria- New Review" button will appear (see above) and the pre-certification 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 pre-certification and provide clinical information at this time, you can log out without providing the information. The pended pre-certification will be found under the Pre-certification in Process option in BlueAccess.

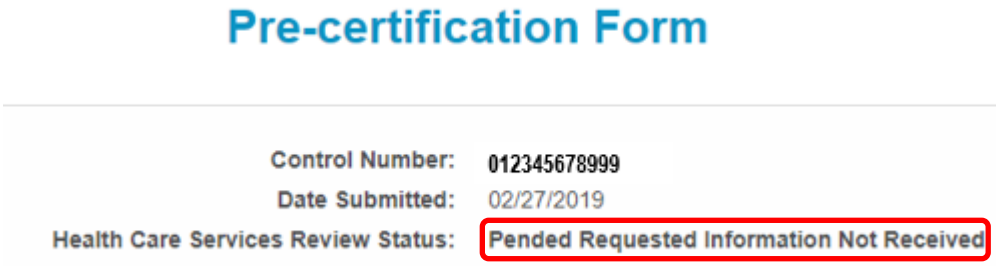
2. Pended Precertifcation – Medical Review Required

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 pre-certification 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 Consultant at 785-291-7236.

3. Pended Pre-certification – Information not received.

Pended Information Not Received – This indicates that information was not received from the provider or updated within 2 calendar days. This pre-certification is considered “incomplete”.



Once the pre-certification 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 pre-certification. A nurse reviewer will contact you to get clinical information to complete the pre-certification.

Call the BCBSKS pre-certification 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

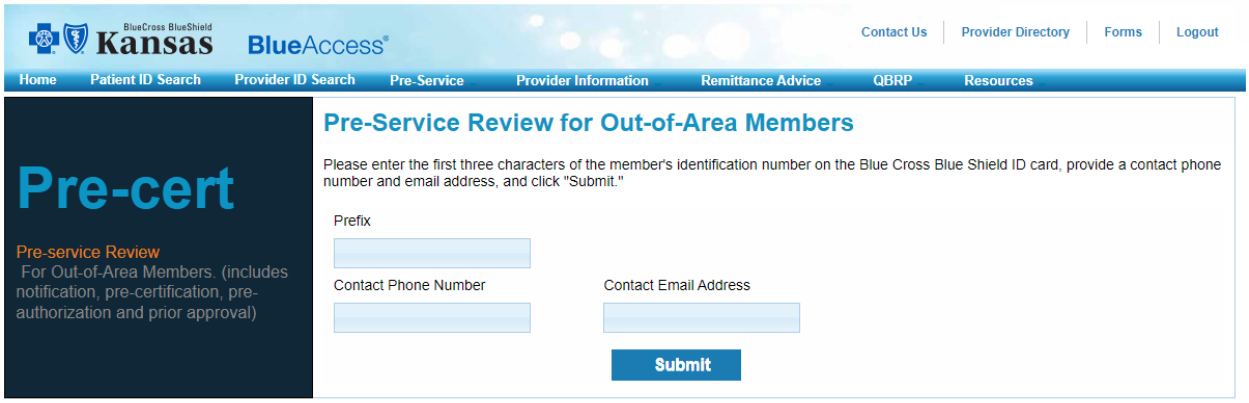
BCBSKS published helpful newsletters to inform our providers of the pre-certification process for out of area members. You can access the following newsletters here:

- 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

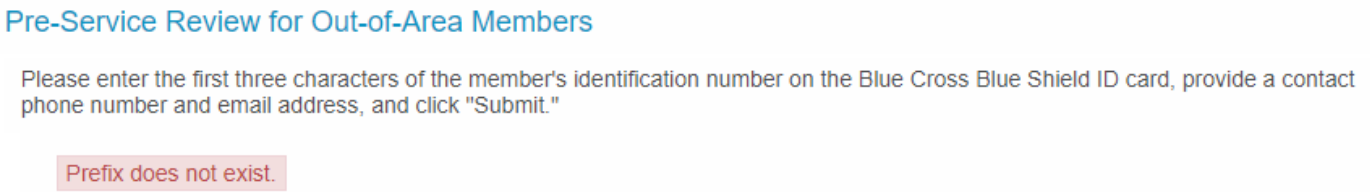
Blue Cross and Blue Shield Plans provides Electronic Provider Access (EPA). EPA gives providers the ability to access out-of-area member's Blue Plan portals to conduct electronic pre-service review through a secure routing mechanism. The availability of EPA varies depending on the capabilities of each 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 pre-certification if they have entered a valid alphanumeric-prefix and if the home blue plan is participating in EPA.

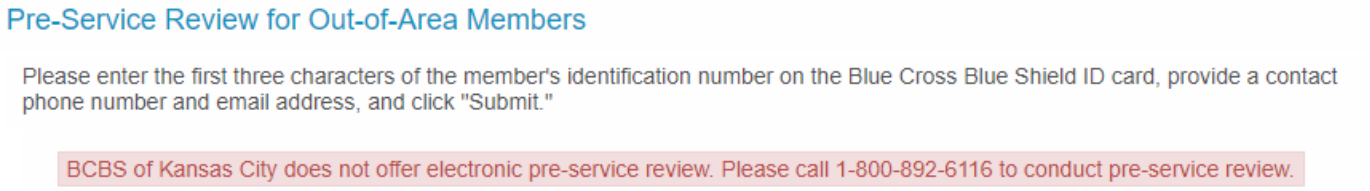
As shown on the next page, the provider should enter the first three letters and or numbers of the member's identification number on the Blue Cross and Blue Shield ID card and the **required** provider's contact information**,** then click submit (see next page for example)**.**



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 pre-certifications**, 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.**

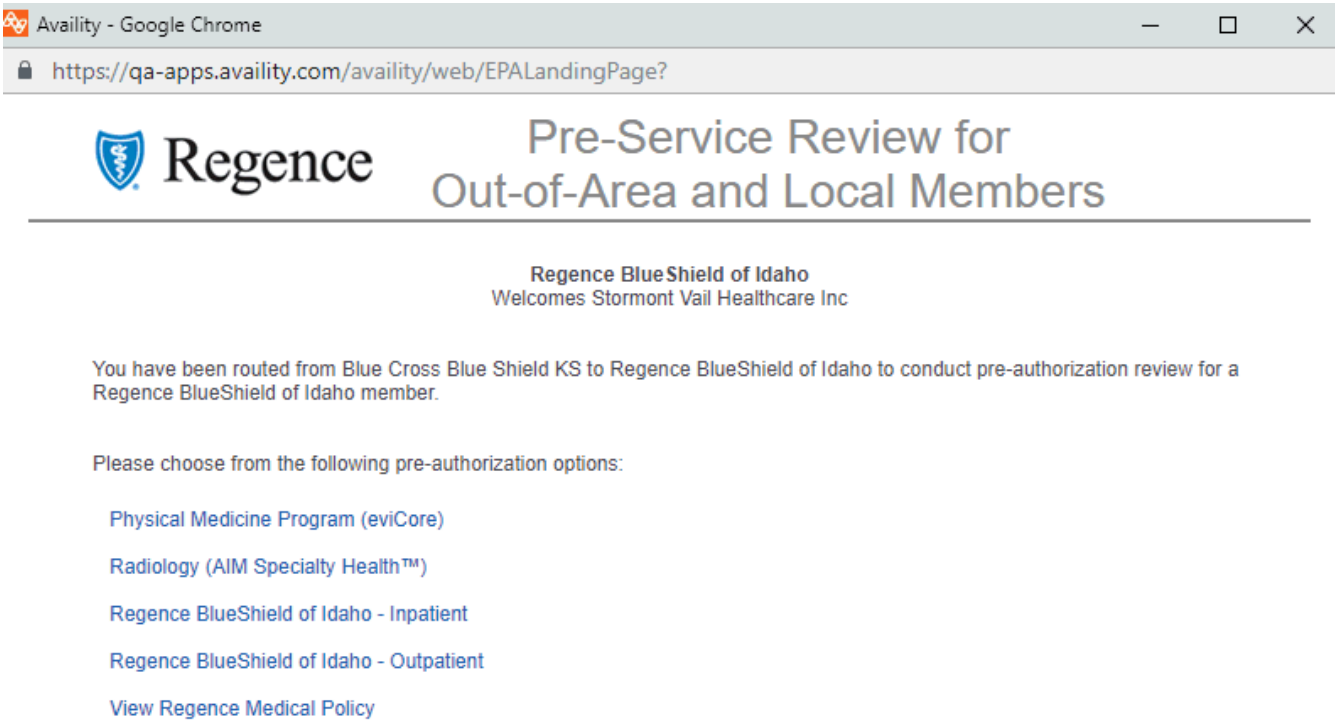


Each Blue Plan's that is accepting pre-certification for out-of-area members will have a Pre-Service Review landing page which will include the following links:

- Instructions for completing the initial electronic pre-certification
- Completing an inpatient pre-certification

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 pre-certification 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.



Pre-certifications in Process

IMPORTANT: For scheduled admissions check Pre-certifications in Process to make sure that one for the patient has not already been initiated. This helps to prevent the duplication of a pre-certification.

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

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

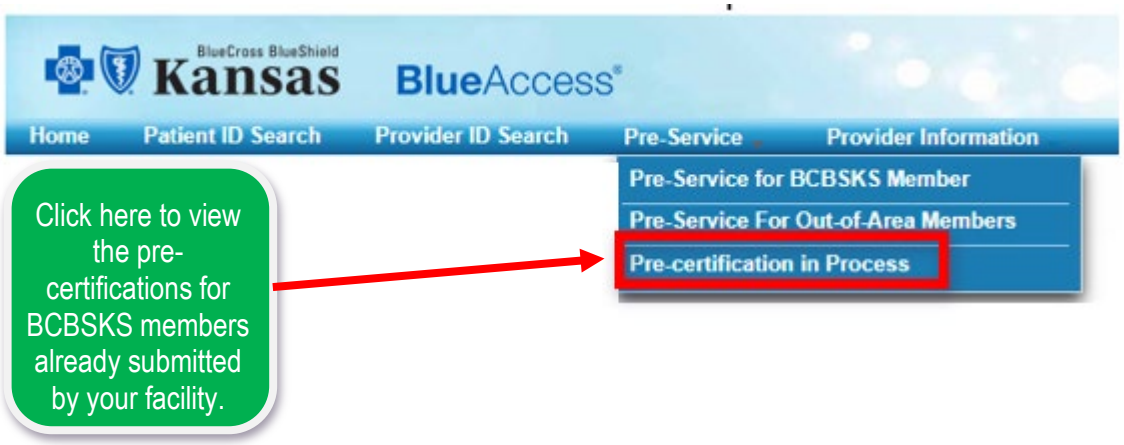
Pre-certifications in Process include pre-certifications that are available for:

- Completing the initial pre-certification process by adding clinical information

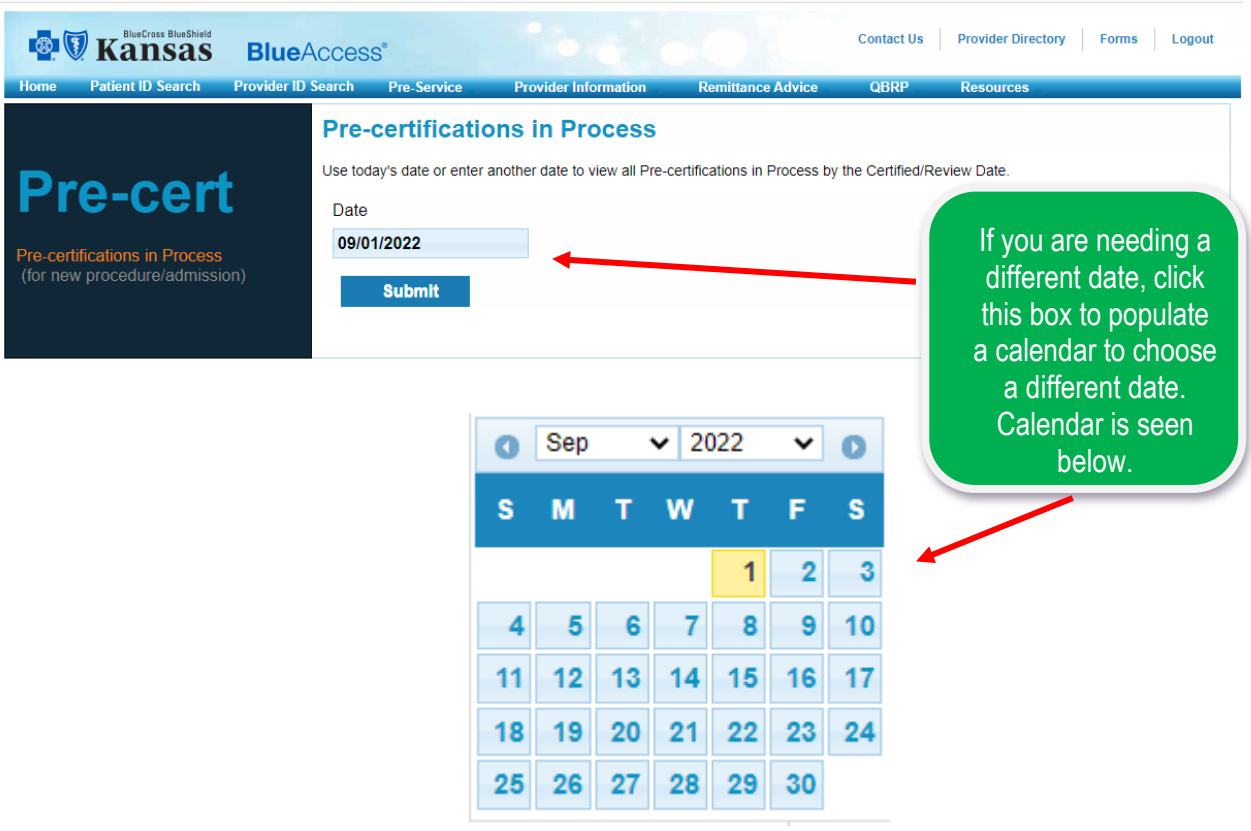
- Requesting additional days for extension
- Submitting a date of discharge (ending the continued stay review process)

Follow these steps to access your pre-certifications in process:

Step 1:



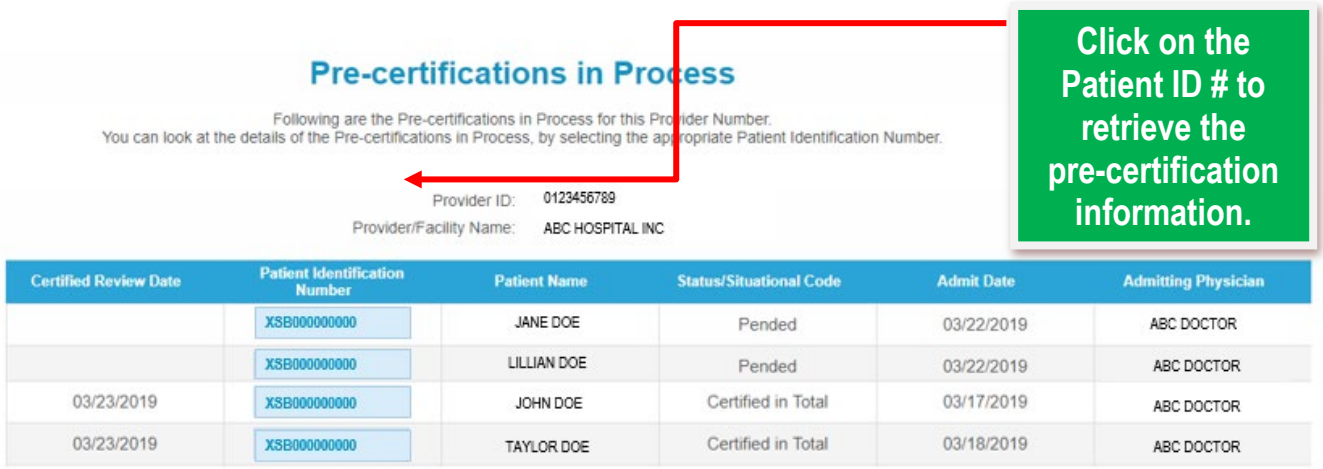
Step 2:



IMPORTANT: All pre-certifications 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 precertifcations are accessed.

Step 3:

If no Certified/Review date is assigned to the pre-certification, those pre-certifications will appear at the top of the search results.



Possible Outcomes of the Pre-certifications in Process

Certified in Total

Indicates that the pre-certification is completed to the certified/review date. This will be a certification of admission only or a certification of medical necessity.

- If the pre-certification 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 pre-certification/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 03/01/23. On the initial pre-certification, a length of stay of 2 days is assigned (03/01/23 and 03/02/23). On 03/03/23 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 pre-certification 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.

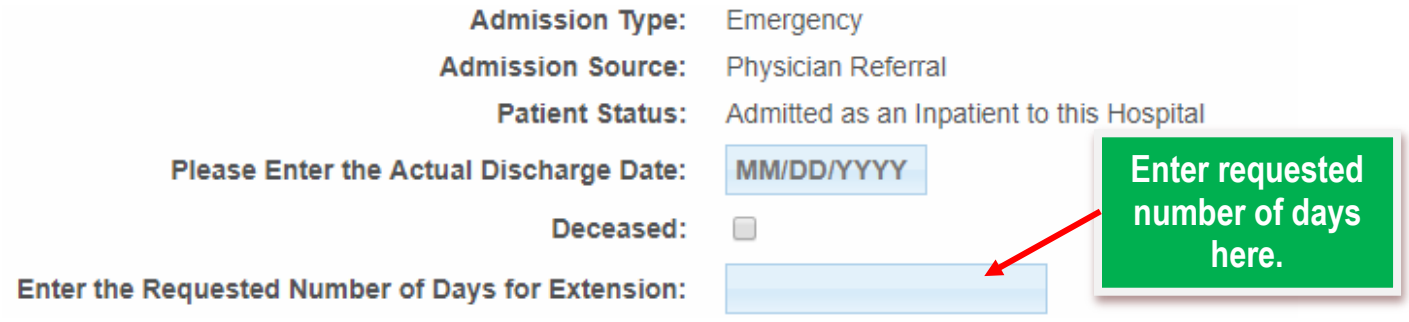
- Pended – Clinical information is needed from the provider. This status used to be referred to as a “suspended” pre-certification.
- Pended Requires Medical Review – This indicates that a nurse reviewer may be contacting the facility for additional information. The nurse reviewer will contact the person listed in the CONTACT INFORMATION of the pre-certification.
- Pended Information Not Received – This indicates that information was not received or updated within 2 calendar days. This pre-certification is considered “incomplete”.

Continued Stay Review

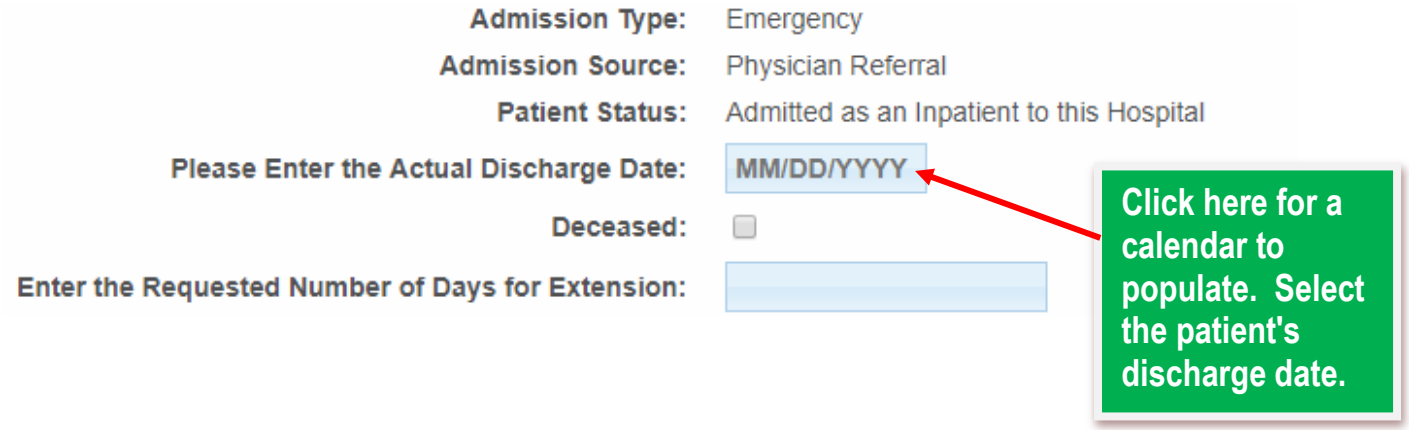
Continued Stay Review (CSR) and Requesting Additional Days

- Follow steps 1 – 3 on pages 25-37 to access the pre-certification 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) calendar days.** This will complete the pre-certification. Failure to add the discharge date within two calendar days will result in an incomplete pre-certification.

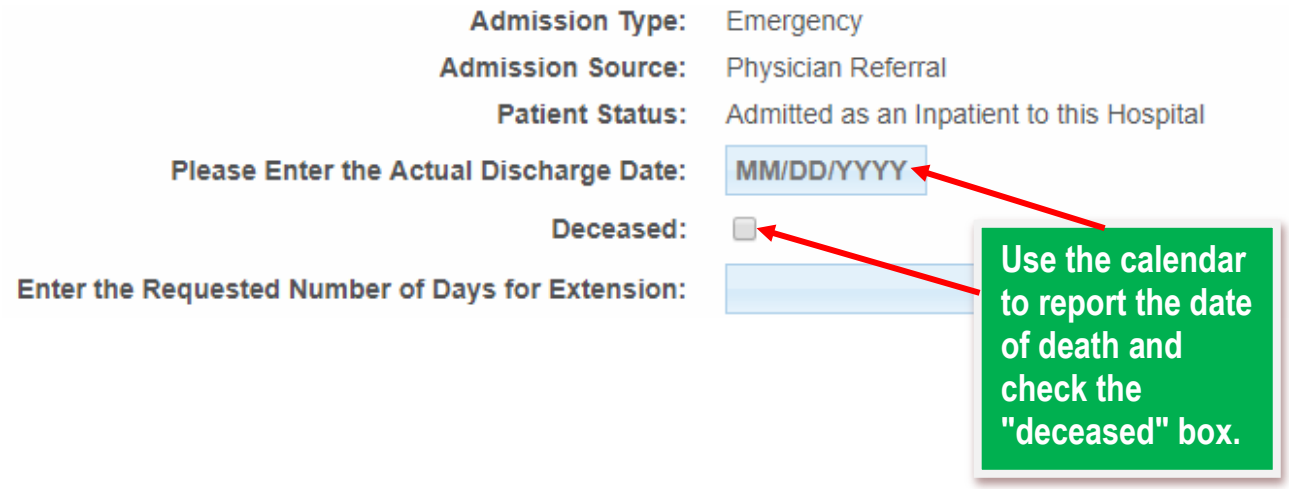
If a discharge date is not added within two calendar days, the provider will not be able to add additional information through the Pre-certification in Process list. The pre-certification will be

PENDED Medical Information Not Received. The provider will receive a letter stating that the pre-certification 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 pre-certification will need to upgrade to Internet Explorer (IE) 11.

Electronic Pre-certification Examples

SCENARIO	OUTCOME
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.	After submitting the initial pre-certification review and getting a 'Certified in Total' status and an assigned length of stay, the provider may go into Pre-certification in Process and submit a continued stay review (either by adding a discharge date or requesting additional days).
On an initial pre-certification, the case manager goes to the Medical Criteria and realizes she/he is missing some information. She selects SAVE WITHOUT making any selections/changes.	The pre-certification will be PENDED until the medical criteria are selected. Since no medical criteria are selected, nothing will be saved.
On an initial pre-certification, 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.	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.
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.	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.
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.	If the data submitted is incorrect, contact the Pre-certification area: **1-800-782-4437**
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 calendar days pass and the case manager doesn't go back in and update the previous information.	The status of the pre-certification will be changed to **Pended Requested Information Not Received** after 2 calendar days. A letter will be sent to the provider and medical records may be requested. No additional information can be submitted on-line.

Pre-certification Frequently Asked Questions (FAQs)

1. **When is the Web-based pre-certification system available?**
   The pre-certification 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 pre-certification system?**
   If you're actively working in the BCBSKS Web-based pre-certification 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 pre-certification system but applies to the entire BCBSKS Web site. InterQual will time out after 15 minutes. It will not log you out of the system but will not save any information you've uploaded.

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 pre-certification system?**
   Information about changes to the pre-certification 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 pre-certification system?**
   Available in the PROVIDER SERVICES section of our Website, you have access to the pre-certification training manual and to an on-line training module. The Education Consultant is also available for technical questions (i.e. how to get around the Website) at (785) 291-7236. For clinical questions, you can call BCBSKS pre-certification at 1-800-782-4437.

6. **How can I be sure my pre-certification information was received by BCBSKS?**
   After submitting a pre-certification, verify that the following information is complete:

1. A pre-certification (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 pre-certification was received by viewing the pre-certification on the PRE-CERTIFICATION 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?**

Close the browser (click the "X" in the upper right-hand corner) and reopen.

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

The BACK button cannot be used while in InterQual.

By clicking in the Criteria Subset box located on the left-hand side of the screen, 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/Pre-certification 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 pre-certification 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 pre-certification, 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 pre-certification.

For Example: A patient was admitted on 10/1/23 and Episode Day 1 is selected on 10/1/23 with the initial pre-certification. If a CSR is requested on 10/3/23 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 10/3/23 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 pre-certification), 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 10/1/23 with the flu and Episode Day 1 is selected on 10/1/23 with the initial pre-certification. If a CSR is requested on 10/3/23 for the same patient and the ***condition subset changes*** to pneumonia, then Episode Day 1 should be chosen on 10/3/23 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 pre-certification 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)

Visit us at bcbsks.com

BlueCross BlueShield Kansas

1133 SW Topeka Blvd, Topeka, KS 66629

An independent licensee of the Blue Cross Blue Shield Association.