Prior Approval Portal- Submitting an Outpatient Request

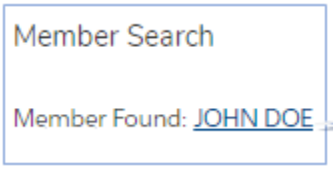
The Prior Approval Portal can receive authorization requests for outpatient services that are pre or post service. You must complete the request screens and, in some cases, submit additional information in order to have Blue Cross complete their decision. This document goes over completing the required fields, how to attach supporting documents related to the request and how to view and send messages related to the request.

Create a New Outpatient Request:

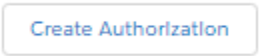
1. Log into the PRC and access the Prior Approval Portal through the link
2. Enter the first name (or initial), last name (or initial), member id and date of birth under the member tab or Find a Member.

If member is…	Then…
Blue Cross VT Member	Enter the "V", member number and dependent code
New England Health Plan (NEHP), Access Blue New England	Enter the alpha prefix, number and dependent code. Note: If the mbr has a leading zero following the alpha prefix, you will need to drop the zero and enter the remaining numbers and the dependent code.
Federal Employee Plan (FEP	Enter the "R" member number and dependent code.

Select the member by double clicking on the member's name.



3. Click on "Create Authorization"



4. First Screen:

Create Authorization

You are creating an authorization for Member ID V8XXXX000000001

Please enter the service details for your authorization:

*In Outpatient
Outpatient

*Setting
--None--

*Service Type
--None--

*Rendering Provider Network
In-Network

*Name (PA Completed/Submitted By)

*Phone (PA Completed/Submitted By)

*Auth Start of Service

*Auth End of Service

*Requesting/Attending Provider
Search Healthcare Providers...

Requesting/Attending Provider not found in the lookup

*Servicing Provider/ Servicing Facility
Search Healthcare Providers...

Servicing Provider/Servicing Facility not found in the lookup

Fax (PA Completed/Submitted By)

Email (PA Completed/Submitted By)
you@example.com

Next

*All fields with the red asterisk are required fields and must be filled out to proceed to the next screen.

Setting Options

Select setting option which will trigger options related to setting choice for service type.

Click the option that fits the setting by clicking on it.

Service Type

The service type selection is triggered by the setting option selected.

Auto Approval Selections:

*When submitting a request for one of the auto approval scenarios, enter the following type:

Auto Approval for	Setting	Service Type
• Continuous Positive Airway Pressure (CPAP) **OR** • BiPhasic Positive Airway Pressure (BiPAP)	Home	DME
Chiropractic Services	N/A or Multiple	Chiropractic Services
Monitored Anesthesia for an Endoscopy	Outpatient Hospital/Facility	Outpatient Surgery
Non-Emergency Ambulance	Ambulance	Land and Water Ambulance
Oral Appliance for Obstructive Sleep Apnea	N/A or Multiple	Dental
Sleep Study-Adult	N/A or Multiple	Sleep Study
Varicose Vein surgery	N/A or Multiple	Vein Surgery
Wireless Capsule Endoscopy	Outpatient Hospital/Facility	Outpatient Surgery

Rendering Provider Network – In-network defaults. Select from pull down for other options if not in-network.

Rendering Provider Network	Setting
In-network	Default
Out-of-Network	Not in member's network
Benefit Exception for Out of Network	N/A – Blue Cross Staff only
Preferred	
Non-preferred	
Participating	
Non-participant	

Name/PA -person submitting the request.

Phone (Pa completed/Submitted by) – enter phone # in case reviewr needs to contact you.

Auth Start of Service -Use the calendar or complete the date mm/dd/yyyy.

Auth End of Service – Use the calendar or complete the date mm/dd/yyyy

Requesting/Attending Provider – Type the name in the field and selection from options that appear that match the provider. (if it does not pop up a name to select, click the box Requesting/Attending Provider not found in lookup.

Fax (PA Completed/Submitted by) – not required

Email (PA Completed/Submitted by) – not required

*Click **Next** to go to next screen

5. **Second Screen**
   *All red asterisks mark required fields

   Procedure Code – type valid procedure code and select the matching option that appears on screen
   Review Type – Select from drop down box
   Quantity – enter number of visits/supplies (not required)
   Start of Service – type if date or use the calendar icon
   End of Service – type in date or use the calendar icon
   Add another procedure code – check box if multiple codes being entered for the request

   Click **Next** when all codes are entered.

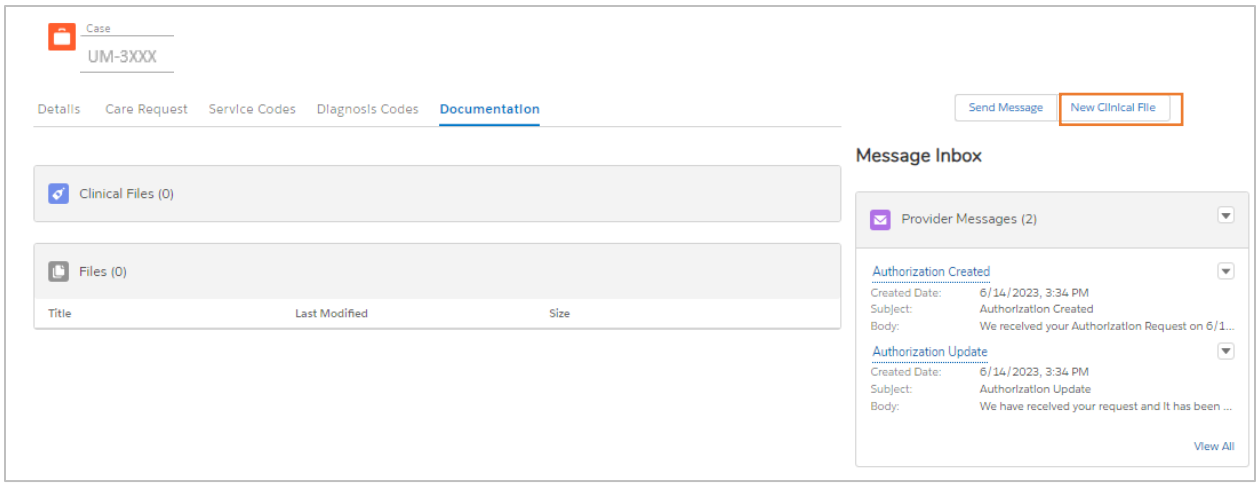
6. **Third Screen**
   Diagnosis – Enter the code and select the matching option that appears on the screen
   Add another diagnosis code – Check box if multiple codes being entered for the request

7. Two options depending on procedure code(s) submitted:
   - If auto-approval, click the **Assessment-Draft** button and fill out criteria as applicable
   - If out-of-netowrk provider and code not on auto approval section, click **Next** through screens displaying auth creation messages indicating a completed request. The completed authorization request can be found on the member's profile page.

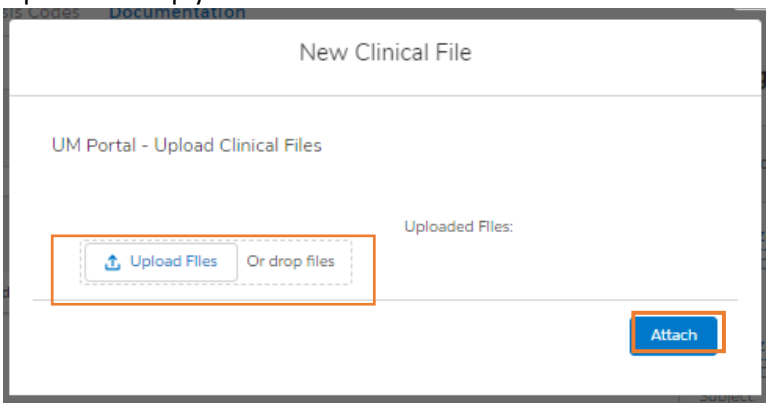
Sending a Clinical file

The Prior Approval Portal does not allow attachment of files during the creation process. Once the authorization case is created, you can go to the member detail page and click on the hyperlink on the case to send clinical files.

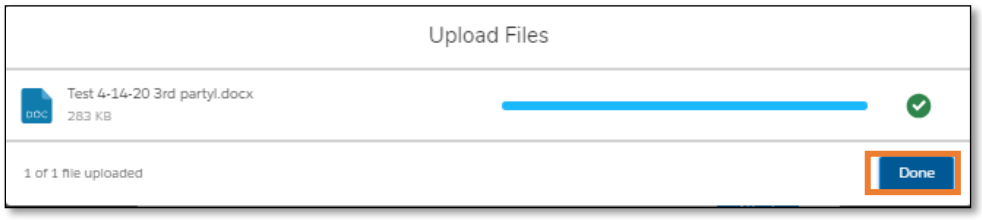
1. Click on the case hyperlink to get to the case details.
2. Click on the Documentation tab on the ribbon.
3. Click on the New Clinical File button.



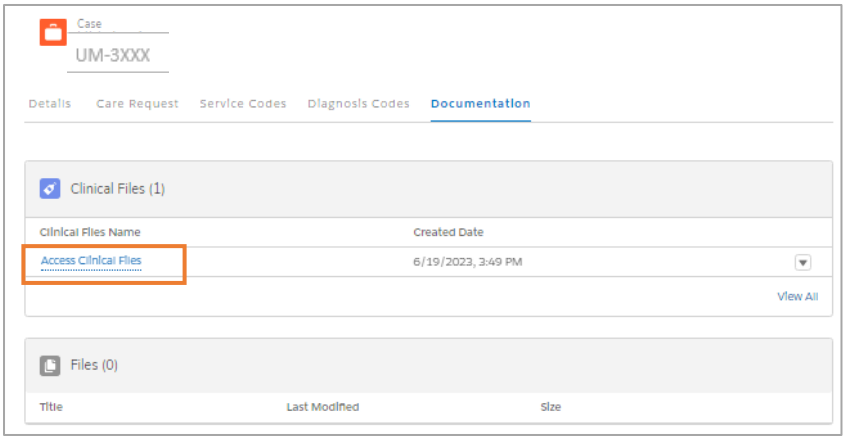
4. Upload or drop your files then click the Attach button.



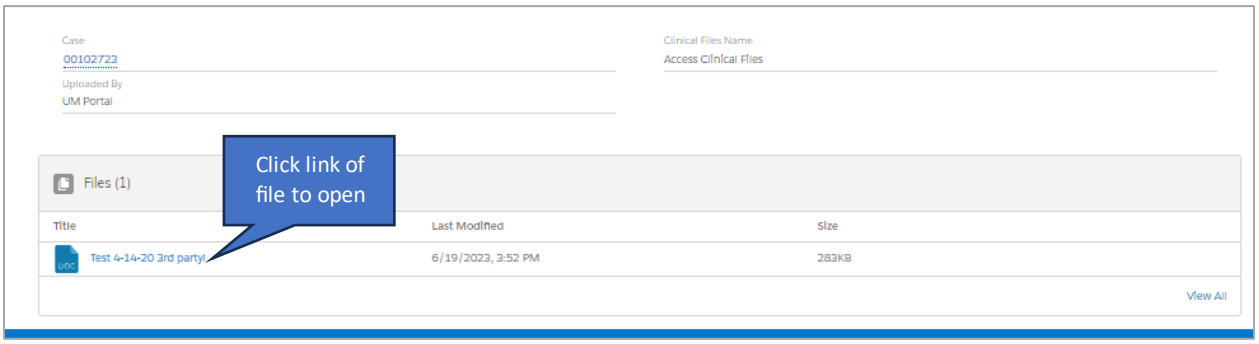
5. Click **done** when uploaded file is completed.



6. Clinical Files will reflect a hyperlink "Access Clinical Files"
   a. Click link to open

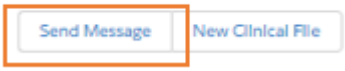


a. Click file from list of file titles available.

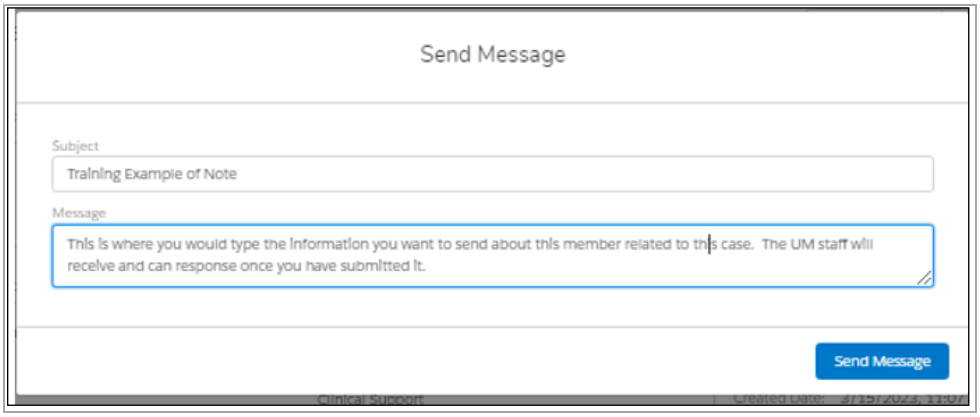


Sending a Message

If you want to communicate with the clinical reviewer on an existing requires, a message can be sent following these steps:



1. From the case, click on the Send a Message button.
2. Type a subject line and message into the corresponding boxes (free text).



3. Click Send Message button to complete.
4. Messages are sent real time and will show up at the top of the Message Inbox on the case page.

Message Inbox

Provider Messages (3)

Training Example of Note

Created Date: 7/17/2023, 3:12 PM
Subject: Training Example of Note
Body: Type your message and click send message

Authorization Created

Created Date: 6/14/2023, 3:34 PM
Subject: Authorization Created
Body: We received your Authorization Request on 6/1...

Authorization Update

Created Date: 6/14/2023, 3:34 PM
Subject: Authorization Update
Body: We have received your request and it has been ...

View All