Submitting an Outpatient Pharmacy Preauthorization

The iEXCHANGE® Web tool supports direct submission and processing of outpatient preauthorization requests for the following physician administered medications: Avastin, Myobloc, Reclast, Botox, and Remicade. Listed below are the steps for submitting an outpatient pharmacy preauthorization to Blue Cross and Blue Shield of Illinois (BCBSIL). iEXCHANGE is available 24 hours a day, 7 days a week – with the exception of the third Sunday of every month when the system will be unavailable from 11 a.m. to 3 p.m. (CT). If you are an out-of-area provider, please go to step 2. For assistance with iEXCHANGE access, please reference the Pre-Service Review tip sheet for BCBSIL Members.

Direct Access (Available to BCBSIL contracted providers only)

- **User ID** – Each user will be assigned a unique User ID by their organization’s iEXCHANGE Administrator.
- **iExchange ID** – A unique number Blue Cross and Blue Shield of Illinois (BCBSIL) assigns to provider organizations registered with iEXCHANGE.
- **Password** – New users are supplied a temporary password by their iEXCHANGE Administrator.

* For Single Sign-On (SSO) access for local contracted providers, reference Pre-Service Review tip sheet for Out-of-area Members

Submitting a Request:

1. After logging into iEXCHANGE, users can access Frequently Used Payers from the Starting Point menu. From the payer list, select Blue Cross Blue Shield of Texas. This will enable the iEXCHANGE toolbar.

Note: The Payer field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.
2. After clicking the **Other** tab, select **New Other Request**.

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

4. From the **Other request entry** screen, click the **Member Search** button. Users will be asked to supply the BCBSIL Member ID number to continue their search. After entering the Member ID, click **Submit Search**.

   **Note:** Enter the Member ID minus the three-character prefix. Include the letter "R" for federal employees.

   **Note:** If multiple policies exist, users will be asked to supply the member's date of birth.

   *Certification does not guarantee the care and services the subscriber receives are eligible at time of admission or procedure. It only assures the proposed treatment meets the plan guidelines for medical necessity.*
5. From the patient listing, select View existing requests to review additional requests for the member. Then click the Select button.

6. After the Member ID has populated to the Other request entry screen, please provide the following information: Submitting provider, Servicing provider, Attending physician, Treatment setting and Primary diagnosis.*

*The Servicing provider, Attending physician and Primary diagnosis can be selected from their corresponding drop-down lists; otherwise, users can utilize the Provider search and Diagnosis search buttons to manually add this information. The Submitting provider field will be pre-populated for out-of-area providers accessing iEXCHANGE through their local plan portal.

Tip (BCBSILProviders): A Submitting provider submits a preauthorization request on behalf of the Servicing provider. To add additional names to this list, contact your iEXCHANGE Administrator.

Tip: The Servicing provider is the individual conducting the actual services for the member.

Tip: The Attending physician is the supervising physician at the facility where services are being rendered.

Certification does not guarantee the care and services the subscriber receives are eligible at time of admission or procedure. It only assures the proposed treatment meets the plan guidelines for medical necessity.
7. For **Service 1**, please provide the *Procedure code, Unit(s), Treatment type, Start date and End date.*

*The *Procedure code* can be selected from the corresponding drop-down list; otherwise, users can utilize the *Procedure search* button to manually add this information.

<table>
<thead>
<tr>
<th>Service 1</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure</td>
<td>J1745</td>
</tr>
<tr>
<td>Enter Procedure code or Select from Short list</td>
<td>Procedure search</td>
</tr>
<tr>
<td>Unit(s)</td>
<td>4540</td>
</tr>
<tr>
<td>Treatment type</td>
<td>Medical</td>
</tr>
<tr>
<td>Start date</td>
<td>01/03/2014</td>
</tr>
<tr>
<td>End date</td>
<td>01/04/2014</td>
</tr>
</tbody>
</table>

**Tip:** To add additional procedure codes to the drop-down list, or add additional names to this list, contact your iEXCHANGE Administrator.

8. Users also have the option to add additional service lines and notes to their preauthorization request. Once all necessary fields have been completed, select **Next step** to move to the **Other request preview** screen.

9. From the **Other request preview** screen, users can select the medication specific **PAA Initial RRQ** under **Additional criteria**.

**Note:** IL Medicaid providers will not be requested to complete a PAA Initial RRQ.

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**Certification does not guarantee the care and services the subscriber receives are eligible at time of admission or procedure. It only assures the proposed treatment meets the plan guidelines for medical necessity.**
10. Please complete all questions, then select **Done**. The user will be returned to the **Other request preview** screen.

11. Scroll down on the **Other request screen** to review the information for accuracy. If the information is correct, click **Submit**.

12. The **Other request confirmation** page will display the assigned **Request ID** and the status of your request.

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**PAA Remicade Initial**

![PAA Remicade Initial](image)

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**Other request preview**

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

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

If supported by the payer, you have an option to select to add additional services to the request. Click the **Submit and add services** button to save your request with the services already entered and open the Additional other services entry page.

![Other request preview](image)

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**Other request confirmation**

This page contains other request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The other request status may have changed if eligibility or other data changed in the interim.

**Request ID:** **13354AAAAP**

**Summary**

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
<th>Start/end date</th>
<th>Units</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>J1745</td>
<td>01/03/2014-01/04/2014</td>
<td>4540</td>
<td>PEND</td>
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</tbody>
</table>

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Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered.